Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Southern Cross Care Bellevue Court |
| **RACS ID:** | 6129 |
| **Name of approved provider:** | Southern Cross Care (SA & NT) Incorporated |
| **Address details:**  | 9 Bellevue Court GAWLER EAST SA 5118 |
| **Date of site audit:** | 11 November 2019 to 12 November 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 19 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 29 January 2020 to 29 January 2023 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care  | Met  |
| Requirement 3(3)(a) | Met  |
| Requirement 3(3)(b) | Met  |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met  |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Met  |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met  |
| **Timetable for making improvements:** | By 10 February 2020  |
| **Revised plan for continuous improvement due:** | By 03 January 2020  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Southern Cross Care Bellevue Court (the Service) conducted from 11 November 2019 to 12 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers and/or representatives | 19 |
| Management | 4 |
| Clinical and care staff | 5 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 1 |
| Allied health professionals | 2 |
|  |  |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation demonstrated that all six requirements in relation to Standard 1 were met.

Of consumers and representatives randomly sampled, 100% of respondents say staff treat them with respect most of the time or always and feel safe most of the time or always. Ninety three percent of respondents say they have a say in their daily activities most of the time or always with one representative stating never as the consumers is unable to make choices in relation to their care due to their health status, 93% of respondents say they are encouraged to do as much as possible for themselves most of the time or always with one representative responding never as the consumers requires assistance for all aspects of their care. 100% of respondents say staff explain things to them most of the time or always. Consumers provided feedback such as, I feel comfortable to be who I am, whatever help I need they provide me, have a choice in when I am showered.

The organisation demonstrated processes to ensure consumers are treated with dignity, services are inclusive, consumers are respected and consumers are supported to exercise choice. The service has a range of policies and procedures which includes a diversity action plan to support staff in identifying consumers and supporting consumers from a range of cultures and identities and a resident/client choice policy which contains information on supporting choice. The service has a range of risk assessments which are completed to inform care planning on entry into the service and ongoing.

Management and staff were familiar with consumers and their lives and demonstrated an understanding of consumer’s individual care and service preferences and culture. Staff were observed treating consumers with dignity and respect

The organisation demonstrated a range of monitoring tools and improvements which include implementing one-page consumer profiles, cultural choice and lifestyle surveys, monthly resident meetings, observation of staff practice and a care plan review schedule.

#### Requirements:

##### **Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

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

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation demonstrated that all 5 requirements in relation to Standard 2 were met.

Consumers and representatives confirmed they are involved in ongoing assessment and planning. Consumers provided feedback such as when they need help staff are always nice and friendly, staff ask them about their goals and changes are discussed with them and their representatives.

The organisation demonstrated processes to ensure assessment and planning helps consumers get the care and services they need for my health and well-being. The organisation has a range of validated risk screening tools and a 30-day new admission checklist and admission process to ensure all important information is captured and used to inform the consumers care plan.

Management was able to provide evidence that all staff are provided regular training in relation to palliative care for consumers and end of life wishes for consumers are identified and recorded. Consumers, management and staff confirmed the outcomes of assessment and planning is communicated with the outcomes recorded in the electronic documentation system. The service has a range of processes to ensure consumers are assessed when their needs change or when incidents impact on their needs, goals or preferences. This includes a scheduled review process, monthly monitoring of clinical information, handover process and a reassessment process when consumers return from hospital. The organisation demonstrated they communicate the outcomes of assessment and planning on when consumers enter the service and ongoing.

The organisation demonstrated a range of monitoring tools and improvements which include scheduled audits, care plan review schedule and showed they have completed a review of their policies and procedures in relation to Standard 2.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### **Standard 2 Requirement 3(c) Met**

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.

##### **Standard 2 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3:Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation demonstrated that all 7 requirements in relation to Standard 3 were met.

Of consumers and representatives randomly sampled, 100% of respondents say they get the care they need most of the time or always. Consumers provided feedback such as I get to see the doctor and nurse when I need to, staff know my needs and I feel safe here.

The organisation demonstrated processes to ensure consumers get personal care and/or clinical care that is safe and right for the consumer. This is supported by a range of policies and procedures and assessment processes which inform the care plan. The service has a range of mechanisms to monitor the consumers clinical and personal care needs which is supported through an electronic documentation system which facilitates the trending of incident and clinical data. The organisation has an electronic medication management system which facilitates the recording of medication administration.

Staff interviewed were able to describe the management of high impact and high prevalence risks for individual consumers such as for the management of diabetes, nutritional needs, behaviours of concern and falls management. Staff interviewed described referral mechanisms to allied health staff and others who support consumers in managing their clinical and personal care needs. The Assessment Team observed staff undertaking infection control processes and were able to describe consumers who had specific infection control requirements.

The organisation demonstrated a range of monitoring tools and improvements. This includes scheduled audits, a care plan review schedule and a review of policies and procedures.

#### Requirements:

##### **Standard 3 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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:Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation demonstrated that all seven requirements in relation to Standard 4 were met.

Of consumers and representatives randomly sampled, 100% of respondents say they like the food most of the time or always and 93% of respondents said they are encouraged to do as much as possible for themselves most of the time or always with on representative with one representative responding never as the consumer requires assistance for all aspects of their care. Consumers described how they enjoy the pastoral support offered by the service and the range of activities offered.

The organisation demonstrated processes to ensure consumers get services and supports for daily living that are important their health and well-being and have things to do. Consumers have a range of assessments completed which identifies what it's important to the consumer and forms part of the initial and ongoing goal setting and review process. The organisation has a wellness approach to support consumers in living the life they choose. Consumers have access to an onsite gym and are supported to participate in individual and group-based exercises.

Lifestyle staff described completing a range of assessments to identify emotional and spiritual needs in addition to lifestyle and activity preferences. A review of consumer files showed this was completed and they were participating in scheduled activities. The service supports consumers to access a range of spiritual services through local ministry services in addition to other visiting ministers and pastoral workers. Consumers are provided an information booklet and agreement on entry to the organisation which provides information on lifestyle activities and pastoral support. The organisation has a rotating seasonal menu which is reviewed by a contracted dietician service to ensure it provides adequate nourishment for consumers.

The organisation demonstrated a range of monitoring tools which includes consumer meetings which are held monthly and show consumers are being informed and asked about a range of services including meals, lifestyle activities and other services being delivered, scheduled care plan reviews and a range of surveys.

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 5 were met.

The facility was observed to be tidy and have a warm, friendly and welcoming atmosphere. All rooms are single with ensuite bathroom and the rooms were observed to be large, clean and well maintained. The layout of the service enables consumers to move around freely, both indoors and outdoors and consumers have access to quiet and private communal areas with suitable furniture, fittings and lighting.

Of consumers and representatives randomly sampled, 100% of respondents say I feel at home here most of the time or always. Consumers and representatives said they are satisfied with the consumers’ room and the communal areas, the furniture is suitable and safe, all areas are cleaned regularly and, if they need something fixed or looked at, the service actions it quickly. They confirmed the rooms are set out how the consumer want it and the memory boxes help consumers identify their room.

The organisation demonstrated preventative and reactive maintenance ensure the service is well maintained and staff can report any maintenance issues through an electronic system. Maintenance staff work closely with cleaning services to ensure cleaning of carpets and furniture is completed in a timely manner. Staff interviewed confirmed they are aware how to report hazards and issues to be fixed to maintenance services using the maintenance log.

The organisation demonstrated monitoring processes to ensure the service environment is safe and comfortable such as regular audits of consumers’ rooms and all areas of the service to ensure it is clean and safe.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 6 were met.

Consumers and representatives interviewed said they are aware of how to provide feedback and they would feel comfortable providing feedback to staff or management if needed; two consumers and representatives advised they have raised things with the service in the past which were followed up and addressed to their satisfaction. Of the consumers and representatives randomly sampled 100 percent said staff follow up most of the time or always when they raise things with them. Consumers did not expressively comment on access to advocate or language services however representatives interviewed confirmed they advocate on behalf of the consumers.

The organisation demonstrated how consumers and representatives are encouraged and supported to provide feedback and how appropriate and prompt action is taken in response to feedback, including open disclosure processes used when appropriate. Consumers are provided information about internal and external feedback and complaints processes in the admission pack and the Assessment Team observed information available to consumers and others, in English and other languages, to provide feedback and make complaints directly to the service or externally. Staff and management are guided by organisational policies, procedure and flowcharts and have been provided training about the new Aged Care Quality Standards including open disclosure processes. Staff and management interviewed described how they encourage consumers to provide feedback and their actions when they receive verbal feedback or complaints from consumers or their representatives.

Feedback received is reviewed, analysed and reported; the results and trends are used by the organisation to inform its continuous improvement systems and are used to improve the quality of care and services. Staff and management provided examples of improvements recently implemented as a result of consumers feedback.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 7 were met.

Consumers and representatives interviewed confirmed in various ways that consumers receive quality care and services when they need them and from staff who are knowledgeable, capable and caring.

Of the consumers and representatives randomly sampled 100 percent confirmed consumers get the care they need, 100 percent confirmed staff are kind and caring, 100 percent confirmed staff treat them with respect and 100 percent said staff know what they are doing, either most of the time or always. Consumers and representatives provided examples of how staff are kind, respectful, caring and provide consumers with assistance and care as required, for example answering their call bell promptly and respecting the consumer’s independence. They said staff know what they are doing and provide care and services according to their needs and preferences.

The organisation demonstrated processes are in place to ensure suitable workforce arrangements including sufficient number of regular and competent staff provide care and services to consumers. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful way and staff were available in the facility to assist consumers and provide care and services. Staff interviews confirmed roster allocations enable them to provide care and services to consumers they are familiar with.

The organisation has recruitment and training processes in place to ensure staff have relevant qualifications, clearances and skills to perform their role and they are provided with relevant information such as position descriptions, policies, procedures, code of conduct, orientation and induction. Staff complete competencies relevant to their role and regular training relevant to their role. Staff interviewed described the orientation and induction process, how the organisation provide them with information and regular training opportunities and how this assist them to provide care and services to consumers.

The organisation demonstrated how they monitor and review staff’s competence and performance through observations and annual performance appraisals and how they monitor consumers’ satisfaction with workforce arrangements through feedback and surveys. Management conduct regular reviews of staff rosters and training needs gap analysis and the organisation monitors workforce management through monthly reporting to the executive team.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The Assessment Team found that four of five requirements in relation to Standard 8 are met.

Consumers and representatives interviewed confirmed in various ways that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* All consumers and representatives randomly sampled confirmed that most of the time or always they feel safe, they are provided with the care they need by kind, caring and competent staff.
* Of the consumers and representatives randomly sampled, 100% of respondents say the place is well run most of the time or always.
* Consumers and representatives said they are aware of, and have access to, feedback and complaints mechanisms and staff and management follow up when they raise things.

To understand how the organisation understands and applies the requirement of this Standard, the Assessment Team spoke to management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

* The organisation demonstrated how consumers are engaged with care and services through information forums, invitations to chat, meetings, consumer reference group and surveys. Staff and management provided examples of how feedback from consumers informed changes and improvements.
* The organisation demonstrated that the governing body is committed to promoting consumers’ quality of life, promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation has systems in place to ensure the safety of consumers and key deliverables are reported to the executive team and the Board
* The organisation demonstrated that there are risk management systems and practices in place to ensure safety of consumers, including policies and procedures in place to provide the framework for managing consumer risks. Staff and management interviewed could describe processes in place to identify and report incidents and changes to consumers’ needs and/or condition. The Assessment Team reviewed risk management documentation which indicated risks are identified and managed to ensure consumers care and services are safe and appropriate and consumers are supported to live the best life they can through consultation with consumers and their family; the organisation has processes in place to identify, monitor and review high impact and high prevalence risks to consumers.
* The organisation demonstrated that clinical governance framework, including antimicrobial stewardship, minimising the use of restraint and open disclosure, is in place. The organisation has established an antimicrobial stewardship framework and infection prevention and control processes. The organisation has established restraint-free policies and procedures and has open disclosure policy and processes in place.

While the organisation demonstrated effective governance systems with respect to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, the Assessment Team was not satisfied that regulatory compliance are in line with legislative and Aged Care Quality Standards requirements. This evidenced through critical incidents mandatory reporting register and consumers incident documentation viewed which demonstrated an incident of witnessed physical assault was not consistently reported by the organisation in line with legislative requirements.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Not Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

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