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 St Francis Residential Aged Care |
| **RACS ID:** | 0382 |
| **Name of approved provider:** | Southern Cross Care (NSW & ACT) Limited |
| **Address details:**  | 122 Hyatts Road PLUMPTON NSW 2761 |
| **Date of site audit:** | 25 September 2019 to 27 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 17 October 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:** | 05 November 2019 to 05 November 2021 |
| **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 | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |

**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 St Francis Residential Aged Care (the Service) conducted from 25 September 2019 to 27 September 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 | 14 |
| Consumer representatives  | 6 |
| Facility manager | 1 |
| Regional manager | 1 |
| Clinical staff | 1 |
| Care staff | 7 |
| Maintenance supervisor | 1 |
| Catering staff | 2 |
| Lifestyle staff | 2 |
| Administration officer | 1 |
| Volunteers | 2 |
| Visiting service providers such as allied health professionals | 1 |
| Cleaning staff | 1 |
| Laundry staff | 1 |

## 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 that the organisation has met all six requirements in relation to this Standard.

Consumer experience interviews identify that 100% of consumers agreed that staff always or most of the time treat them with respect. Consumers reported that their choices, preferences, likes and dislikes, hobbies and interests are identified and they are supported in various ways to live the life they choose.

Staff provided a number of examples as to how they acknowledge and support the identity, culture and diversity of the consumer. Consumers reported that their culture and religious needs are met, and staff support them to continue relationships both within and outside the service. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. A wide range of activities is available at the service and these reflect the diverse backgrounds and preferences of the consumers.

Consumers report they can make decisions about their life, even when it involves risk. The organisation demonstrated examples of supporting consumers to take educated risks to enable them to live the best life they can. Staff confirmed they support and encourage consumers to undertake risky activities and assist consumers make these choices.

Regular feedback is obtained from consumers and their representatives and includes a confidential complaint system. The organisation provides information to consumers and their representatives in several formats including newsletters, correspondence, posters and at regular meetings. The organisation actively promotes a culture of inclusion.

Consumers and their representatives were satisfied their personal care is undertaken in a respectful way and their dignity valued.

#### 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 that all five requirements in relation to Standard 2 were met.

Of consumers randomly sampled, 100% confirmed staff meet their healthcare needs always or most of the time. Consumers and representatives said their care needs are identified on admission through direct engagement with staff and assessment and planning; they confirmed this in an ongoing process and that staff and management keep them up to date with any changes. Consumers reported feeling safe and that staff listen to their goals and preferences. There was one consumer whose goals did not reflect what staff had recorded in their care plan however this was promptly followed up and rectified by the management team. Consumers and representatives said the service seeks input from other professionals to ensure their care and services are optimised and their needs are best met. A review of clinical files indicates referrals to other professionals occur often and promptly.

Consumers interviewed confirmed staff are aware of their care needs and they do not need to constantly repeat their story or explain their care needs to all staff. Staff could describe how consumers and others who contribute to the consumer’s care (such as general practitioners, allied health professionals and family) work together to deliver a tailored care and services plan and monitor and review the plan routinely and as needed. The service has robust communication systems to ensure communication between the multidisciplinary team does not break down; as a result, all staff are aware of each consumers’ specific care needs.

Consumers confirmed their care and services are reviewed regularly and that when a change in their condition occurs, or their needs and preferences change, the service promptly communicates with them and seeks their input to update the care and services they are receiving. The facility manager is constantly requesting consumers and their representatives for feedback and promptly acts when any consumer requests for changes to their care to be made. Consumers and representatives provided positive feedback about the facility manager and how she is passionate in meeting everyone’s needs.

Review of care and service plans indicate regular reviews occur as per the organisation’s policy, as well as when any changes have occurred for example, a fall or wound. The service has a system in which they track when care plans are due for review to ensure all are reviewed on time. Staff demonstrated an understanding of reporting requirements in relation to incidents for example, falls, near miss events, behaviours etc. and how these were identified, documented and reviewed by the service. Review of incident management indicates all incidents are reviewed by management promptly and appropriate interventions are implemented to improve outcomes for consumers.

Advanced care planning and end of life planning form part of care planning. The organisation uses a form which identifies consumer’s wishes in relation to advanced care and end of life. These wishes are sought on admission and reviewed annually or earlier if required. Consumers confirmed their advanced care and end of life wishes have been discussed with them. One representative expressed great satisfaction with this process as management promptly discussed and confirmed end of life wishes when they suspected her mother was approaching the palliative stage. The service has placed all advanced care directives in one separate folder to ensure staff can easily access and identify a consumer’s wishes in the event of an emergency. These wishes are also incorporated into individual care and service plans.

#### 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 that all seven of the requirements in relation to Standard 3 were met.

Of consumers randomly sampled, 100% confirmed that staff meet their healthcare needs always or most of the time. Consumers reported feeling safe and confident they are receiving quality care.

Staff could describe how they ensure care is best practice and commented that the organisation has a suite of policies that they can refer to, to guide their practice. They confirmed they receive ample education in relation to personal and clinical care and that robust communication systems ensure any concerns in relation to a consumer’s care is followed up promptly. Staff confirmed that they often make suggestions for referrals to be made, for example, physiotherapy and that the registered nurses and management take their suggestions on board to improve outcomes for consumers. Care staff demonstrated an understanding of precautions to prevent and control infections and explained the systems used within the service to identify consumers with chronic infections such as Methicillin resitant Staphylococcus Aureus (MRSA). Staff were observed to practice appropriate infection control and consumers interviewed confirmed they observe staff washing their hands and always using personal protective equipment such as gloves. Management and the registered nurse demonstrated an understanding of antimicrobial stewardship and appropriate antibiotic prescribing; noting their infection rates had decreased following education about antimicrobial stewardship.

Consumers provided various examples of how staff ensure the care they provided was right and safe for them. This included regularly asking for feedback about care and services and regular case conferences.

Each of the care and service plans reviewed indicated the delivery of safe and effective care. This included the review of care of consumers who had palliated which indicates their needs and preferences were identified and delivered to ensure they were as comfortable and free of pain as possible. There were three consumers who raised concerns regarding the amount of physiotherapy provided at the service, however management followed up with each of these consumers individually and discussed ways in which their needs and goals could be met. As well as this, management said they would implement a daily exercise class for consumers to participate in to improve their mobility and dexterity.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care. Policies and procedures have been updated following the implementation of the Aged Care Quality Standards. Policies and procedures appeared to reflect best practice which inform the delivery of safe and effective care and services.

#### 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 that all seven requirements in relation to Standard 4 were met.

Consumer experience interviews show that 92% of consumers agreed they have a say in their daily activities always or most of the time; 92% agreed they are encouraged to do as much as possible for themselves always or most of the time; and 100% of consumers agreed they like the food always or most of the time.

The organisation demonstrated that it provides safe and effective services and supports for daily living that optimise consumers’ independence, health, well-being and quality of life and meets their needs, goals and preferences.

Consumers interviewed confirmed the staff are kind and caring and their emotional, spiritual and psychological well-being is supported. Family and friends were observed to visit daily, and the lifestyle team fosters social interaction between consumers. All consumers interviewed agreed they are assisted to participate in their community, have social and personal relationships and do things of interest to them.

The organisation has a culture which supports consumers to achieve their goals. The service seeks advice from consumers about activities that are of interest to them and the lifestyle activities calendar is regularly updated. Information and feedback from consumers and others responsible for their care is regularly reviewed and monitored to ensure services are safe and effective.

Several representatives expressed a high level of satisfaction with the way the service keeps them up to date on changes in their relative’s condition. The service demonstrated that staff communicate with each other about the consumer’s condition, needs and preferences. Several consumers commented that staff work together as a team.

Information about consumers’ needs and preferences is communicated to staff for the delivery of appropriate care and services. Staff interviewed were aware of the individual needs and preferences of consumers in relation to services and supports for daily living. Timely and appropriate referrals are made as needed.

The service caters for all meals for consumers and provides a menu that delivers variety and choice of quality meals. Consumers enjoy their meals. At each meal time, consumers choose whether to dine in the dining room, the courtyard or their own room.

The Assessment Team observed suitable equipment available to staff for the safe delivery of services and supports for daily living. Staff interviewed indicated they have sufficient safe, and suitable equipment for the delivery of care and services.

#### 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 met all three requirements of this Standard.

Of the consumers randomly interviewed 92% said they always feel at home at the service. All of those interviewed confirmed they always feel safe at the service. Consumers also confirmed they are satisfied with the cleaning of the service.

The service was observed to be clean, comfortable and well maintained. The service has been decorated and furnished to create a homelike environment that supports the consumer’s sense of belonging, independence and interaction. Consumers have personalised their own rooms and there are comfortable quiet areas for consumers to welcome their visitors and guests. Consumers have their own private space and free access to communal and outdoor areas.

The service has systems in place for regular cleaning of the indoor and outdoor environment and equipment. There is a maintenance program for corrective and preventative maintenance and the environment is regularly inspected to ensure it is safe and well maintained. These systems are monitored at a local and organisational level to ensure they are effective.

#### 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 that all four requirements under Standard 6 were met.

Consumer experience interviews show that 100% of consumers said staff follow up when you raise things with them always or most of the time. Consumers reported they can provide feedback and make complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons in providing feedback or making a complaint. The organisation has a feedback and complaints form which is readily available and which can be placed in confidential suggestions boxes available throughout the service. Consumers also participate in regular surveys, meetings and focus groups.

Brochures, posters and booklets are available throughout the service promoting and explaining the internal and external complaint mechanisms available to consumers and representatives. Consumers and representatives expressed a high level of satisfaction with the availability and accessibility of the manager who spends time with consumers individually and seeks to understand their individuality and point of view.

The organisation demonstrated that appropriate action is undertaken in response to a complaint. Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Management practices include transparency and collaboration in working to resolve complaints. Staff receive regular training in customer service and in supporting consumers to provide feedback and make complaints.

Feedback and complaints are reviewed and investigated and used to improve the quality of care. Meeting minutes demonstrate that feedback and complaints are a standard agenda item. The organisation has a comments, complaints and suggestions log and can demonstrate how complaints are used to improve services. The process is overseen at a local and organisational level and significant issues raised are incorporated into the continuous improvement plan.

#### 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 met all five requirements of Standard 7.

Of the consumers randomly interviewed 100% indicated staff treat them with respect most of the time or always and 93% said the staff are kind and caring most of the time or always. 100% confirmed they receive the care they need most of the time or always and 100% agreed the staff know what they are doing all of the time.

The Assessment Team observed the staff delivering care to consumers that is safe and appropriate and in a caring and respectful manner.

The organisation has a system to ensure it has a workforce that is sufficient and with the appropriate qualifications and skills for the delivery of safe and quality care and services. There is a recruitment process to ensure staff have the necessary qualifications and experience to fulfil the various roles within the service. There is an ongoing education and training program to maintain and develop the staff knowledge and skills so they can effectively perform their roles. Management monitor the performance of staff to ensure they are delivering the care and services required in a safe, caring and respectful manner.

#### 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 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 all the requirements of Standard 8 have been met.

All of the consumers randomly interviewed said they think the service is well run most of the time or always.

The organisation engages consumers in the development, delivery and evaluation of care and services through various feedback processes. Consumers are encouraged to provide feedback at a local and organisational level. The service has a regular focus group to enable the participation of consumers in the development of the menu and activities program. A consumer representative takes part in the quality committee of the service. There are also regular meetings, surveys, continuous improvement and complaints processes.

The organisation promotes a culture of safe, inclusive and quality care and services through the promotion of its vision, values and mission. Staff are trained in the Aged Care Quality Standards and the values they embody. The organisation has reviewed or is reviewing its policies and procedures to be in line with the new Standards.

There are organisation wide systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There is an organisational structure for the management, oversight, reporting and accountability of these systems to ensure they are effective.

A risk management system is in place to monitor and minimise risks to consumers and also support them to live the best life they can. A clinical governance framework is in place to oversee the delivery of clinical care at the service. Through these organisational structures the service is supported to deliver safe and quality care and services.

#### 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) 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.