Southern Cross Care St Michael's Residential Aged Care

Performance Report

62 Centre Street   
CASINO NSW 2470  
Phone number: 02 6662 1433

**Commission ID:** 0038

**Provider name:** Southern Cross Care (NSW & ACT) Limited

**Site Audit date:** 01 February 2022 to 03 February 2022

**Date of Performance Report:** 01 March 2022

# Performance report prepared by

Madeleine Walsh, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers, asked them about the requirements, reviewed their care planning documentation (for alignment with the feedback from consumers) and tested 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.

Consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and could live the life they chose. Consumers confirmed their culture and diversity was valued, and provided examples of individual cares and services they received which were culturally safe.

Consumers were encouraged and supported to exercise choice, maintain their independence, make and communicate decisions related to their care and services, maintain relationships of choice, take risks and engage in activities important to them, such as consuming alcohol and using electric mobility scooters.

Consumers received current, accurate, timely and easy to understand information which enabled them to make informed choices, including in relation to meal selections, daily activities and access to health professionals. Consumers could attend monthly consumer meetings and received meeting minutes when requested.

Consumers confirmed their personal privacy was respected and personal information was kept confidential through various ways, including staff knocking on consumers’ doors prior to entering, staff closing consumers’ bedroom and/or bathroom doors during care provision, and consumers were supported to display signs on their doors when they did not want to be disturbed.

Staff were respectful when speaking about consumers and demonstrated an understanding of consumers’ backgrounds, what was important to consumers and how they ensured consumers’ preferences were met. Staff were aware of consumers who took risks and strategies to support and manage those identified risks. Staff described the various ways they respected consumers’ privacy, maintained the confidentiality of personal information, and provided information to consumers, including for those consumers who experienced cognitive or cultural barriers with communication.

Care planning documentation reflected individualised information in relation to consumer backgrounds, culture and diversity, relationships and activities of importance, and how consumers were supported to take risks. Consumer information, including care planning documentation, was stored securely to ensure confidentiality.

Organisational policies, procedures, systems and handbooks reflected how the service understood and supported consumers to live their best life by recognising diversity, promoting the delivery of consumer-centred care and services, consumer choice and their right to take risks, and protecting consumers’ private information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### 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) Compliant

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

### 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) Compliant

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewed their care planning documentation in detail, asked consumers about how they were involved in care planning, and interviewed staff about how they used care planning documentation and reviewed them on an ongoing basis.

Consumers considered they were partners in the ongoing assessment and planning of their care and services, including on their entry to the service, when there were changes to the consumer’s care needs and as part of the care and services plan review and annual case conference processes. Consumers provided examples of how other organisations, individuals and providers of care were involved in the assessment and planning of consumer care needs. Consumers were informed of the outcomes of assessment and planning, and were able to access the consumer’s care and services plan at their request. Consumers said staff understood their end of life and advance care planning wishes.

Initial and regular assessments were completed to identify consumers’ needs, goals and preferences, including advance care planning and end of life planning, and to facilitate the delivery of safe care that was appropriate to the consumer. Risks to the consumers were identified as part of the assessment and care planning process. The service accessed external services, health specialists and allied health professionals as required to support consumer care and assessment and planning processes.

Consumer care and services plans reflected individual needs, goals, preferences and risks to the consumer’s health and well-being, such as risks associated with complex care needs, fall risks and pressure injury risks. Information and care directives outlined in consumers’ care and services plans informed the delivery of safe and effective care and services, included outcomes of assessment and planning, and were readily available to the consumer. Care and services plans were reviewed on a four-monthly basis, when circumstances or consumer care needs changed, or when incidents occurred.

Staff were aware of the assessment and planning processes, including the consideration of individual risks for consumers. Staff said assessment, planning and handover information informed how they delivered safe and effective care. Staff were aware of incident reporting processes and how this triggered the re-assessment and review of consumers’ care needs.

Organisational documentation, including policies, procedures and assessment tools, were available to staff and supported them to complete initial and regular assessment and planning.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

### 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 understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care and services plans and assessments were reviewed, and staff were asked about how they ensured the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Consumers received personal and clinical care that was safeand tailored to their needs and preferences. Consumers had access to medical officers, health specialists and various allied health professionals as required to optimise their health and well-being. A representative for a consumer nearing the end of life confirmed the care received by the consumer was in line with their preferences for end of life care. Consumers confirmed the care they received when they had experienced a deterioration or change in their condition and/or health was responded to in a timely manner and their preferences were met. Consumers and representatives were confident consumers’ needs and preferences were effectively communicated with staff. Consumers and representatives were confident in the service’s ability to manage an infectious outbreak, including a potential coronavirus (COVID-19) outbreak.

Consumer care planning documentation demonstrated individual needs, goals and preferences informed the provision of safe and effective personal and clinical care. High impact and high prevalence risks associated with the care of each consumer had been identified and strategies to minimise and manage those risks were documented. End of life wishes, including Advance Health Directives, were documented to ensure consumers nearing end of life had their comfort maximised and dignity preserved. Care planning documentation demonstrated timely identification of, and response to, deterioration or changes to consumers’ conditions and/or health status, and reflected referrals to other providers of care, including medical officers, health specialists and a range of allied health professionals appropriate to the consumers’ care needs. Care information was adequate to support effective and safe sharing of information regarding consumers’ conditions, needs and preferences, including with others where responsibility for consumer care was shared and with representatives following a change in consumers’ conditions or medications, clinical incidents and transfers to and from hospital.

Staff were aware of individual consumers’ personal and clinical care needs, preferences, risks and strategies used to manage those risks, including in relation to falls, weight loss, swallowing and challenging behaviours. Staff were able to explain how care was provided to consumers nearing end of life to ensure their needs and preferences were met and comfort was maximised. Staff were able to describe the process of identifying and escalating changes and deterioration in a consumers’ condition, such as raising concerns and seeking support from senior registered staff and management*.* Staff described how changes in consumers’ care and services were communicated, such as through handover and review of consumer care and services plans. Registered staff confirmed referrals to other health professionals were completed in consultation with consumers and representatives. Staff demonstrated an understanding of infection minimisation strategies, including outbreak management processes, and antimicrobial stewardship.

The service had effective processes in place to minimise infection-related risks, including organisational resources (such as policies related to infection control and antimicrobial stewardship), monitoring of staff and consumer vaccinations, processes to manage a potential COVID-19 outbreak, and practices to promote appropriate antibiotic use to support optimal consumer care.

The organisation had best practice policies and procedures for key areas of care including, but not limited to, restrictive practices, skin integrity and pain management, all of which were available for staff access via the organisation’s intranet and in hard copy format.

The service had systems and processes to ensure the provision of personal and care was safe and effective, including clinical audits, whole of service audits, trending and analysis of clinical incident data, and regular staff training to support best practice. Clinical indicators were discussed at staff meetings and used to identify improvements in the delivery of consumer care.

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 understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they liked to do and how these things were 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.

Consumers received the services and supports for daily living that were important for their health, well-being and quality of life, enabled them to do the things they wanted to do, and promoted the consumer’s emotional, spiritual and psychological well-being. Consumers were supported to access the wider community, including with the support of the service or their families and friends. Consumers said the service provided sufficient activities and variety of services and supports for daily living, including through referrals to other providers of care and services, which enabled consumers to engage in activities of interest to them. Consumers were supported to maintain social and personal relationships, including by receiving visitors and leaving the service on social leave. Most consumers expressed satisfaction in relation to the meals provided by the service, confirmed their input into the menu, and said their feedback had led to improvements in the quality and variety of the meals.

#### Consumer care planning documentation demonstrated assessment and planning processes captured what and who was important to each consumer to promote their well-being and quality of life. Information about consumers’ emotional, spiritual and psychological needs was included in care planning documentation. Consumer files included adequate information to support effective and safe sharing of the consumer’s condition, needs and preferences, and reflected the involvement of others in the provision of lifestyle supports, including the community visitor program, local church groups and a visiting hairdresser.

Staff were able to explain what and who was important to the consumers and the activities of interest to them. Catering and care staff were able to explain consumers’ specific dietary needs and preferences and how changes in dietary requirements were communicated. This informed aligned with consumer feedback and care planning documentation. The Assessment Team observed care and lifestyle staff interacting with consumers individually and in group settings,and consumers participating in a variety of lifestyle activities.

The organisation had documented policies and procedures in place to support the provision of services and supports for daily living, including guidelines for making referrals to individuals and other providers outside of the service to support the lifestyle needs of consumers.

Equipment which supported consumers with their independence and to engage in services and supports for daily living were observed to be safe, suitable, clean and well maintained. Lifestyle products, including a wide variety of art and craft supplies, were available for consumers to use.

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 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 understood and applied 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.

Consumers felt they belonged in the service and the service environment was safe and comfortable. Consumers were able to navigate through the service and confirmed staff were available if they required assistance. Visitors were welcome in the service and consumers enjoyed having various indoor and outdoor areas available for use, including gardens with appropriate seating and a barbeque area. Consumers confirmed the service environment, furniture, fittings and equipment were clean and well maintained. Consumers said the furniture and equipment they used were suitable for their needs and they felt safe using these items. Consumers could freely and safely access indoor and outdoor areas of the service.

The service environment, furniture, fittings and equipment were observed to be clean, well maintained and free from stains and odours. Furniture and equipment used by consumers, as located in their bedrooms and communal areas, were observed to be fit for purpose, suitable for the needs of consumers and in good condition. Consumer were provided single rooms with an ensuite, and consumer rooms were observed to be furnished with personal items and furniture.

Staff described the features of the service designed to support the functioning and independence of consumers living with cognitive and physical impairment, including the installation of handrails in hallways, individualised signage for consumer rooms, an internal elevator which enabled movement between the two levels of the service, and easy to read signage throughout the service, in bathrooms and on toilets.

Scheduled preventative maintenance processes, reactive maintenance processes and scheduled cleaning activities ensured the service environment, furniture, fittings and equipment were safe, clean and well maintained. Staff described the reporting processes for identified safety issues and maintenance requests and confirmed these were resolved in a timely manner.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 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 understood and applied the requirements within this Standard, the Assessment Team sampled the experience of consumers - asked them about how they raised 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.

Consumers were encouraged and supported to provide feedback and make complaints. Consumers were aware of the internal and external avenues available to them to make complaints, including directly through management or staff, feedback forms, consumer meetings, advocates and the Aged Care Quality and Safety Commission. Consumers said appropriate action was taken in response to feedback and complaints, and feedback and complaints were used to improve the care and services provided to consumers. Consumers provided examples of recent changes made at the service which had resulted from the provision of feedback and complaints, specifically improvements to the menu and quality and quantity of meals provided.

Management and staff explained the ways in which consumers were supported to make complaints or provide feedback and the processes for resolving complaints, including through the application of an open disclosure process and initiating continuous improvement actions. Information was displayed throughout the service and provided to consumers about how to access advocates, language services and external avenues for raising and addressing complaints.

Organisational systems and processes relating to feedback and complaints were accessible by consumers, representatives, staff and visitors to the service. The organisation had documented policies and procedures in place to guided staff in complaint resolution and open disclosure processes.

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 understood and applied 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.

Consumers received quality care and services when required from people who were knowledgeable, capable and caring. Most consumers said there was sufficient staff to support and deliver care in a timely manner that met their needs and preferences. Consumers confirmed staff were kind, caring and respectful. Consumers said staff were adequately trained, equipped and possessed the required skills and knowledge to effectively perform their roles and deliver safe and quality care and services.

Staff said they had sufficient time to complete their allocated tasks and responsibilities, and vacant shifts were generally filled. Registered staff were available across all shifts, in person and/or via an on-call system, and additional support and assistance was available from management personnel, including facility and clinical management, when required. Staff were satisfied with the training opportunities provided by the services, and said they felt comfortable raising requests for further training with management.

An organisational framework outlined processes to be implemented to ensure staff were competent and qualified to perform their roles, and recruited, equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. There were defined position descriptions, orientation processes (which included supervised shifts), mandatory training and competency assessment requirements, and processes to monitor staff performance (including through the assignment of a mentor and performance appraisals). Interviews with management and staff, and review of relevant documentation, identified these processes were occurring at the service.

Interactions between management, staff and consumers were observed to demonstrate a kind, caring and respectful approach, and call bells were observed to be responded to in a timely manner.

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 if the organisation understood and applied 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.

Consumers considered that the organisation was managed well and they could partner in improving the delivery of care and services. The organisation had established processes to support consumer engagement in the development, delivery and evaluation of care and services, such as through consumers’ participation in monthly meetings, consumer surveys, discussions with management, and by utilising complaints and feedback mechanisms.

The governing body monitored and evaluated how the service performed against the Quality Standards through monitoring and reporting processes, and promoted a culture of safe, inclusive and quality care and services through its directions set for the organisation, such as frameworks, policies, procedures and expectations for staff training.

There were organisational governance systems to support effective information management, continuous improvement, financial governance, workforce, compliance with legislation and regulations, feedback and complaints, responsibility and accountability in maintaining compliance with the Quality Standards and delivering quality care and services to the consumers.

The organisation had implemented effective risk and incident management systems and practices to identify, prevent and manage risks to the health, safety and well-being of consumers and incidents. Processes enabled risks and incidents to be reported to the governing body. The organisation had developed a risk management framework which included policies regarding the effective management of high impact or high prevalence risks, the identification and response to abuse and neglect of consumers, supporting consumers to live the best life they could and the management and prevention of incidents. Staff had received training in relation to risk management policies and had a shared understanding of their application.

The organisation had a documented clinical governance framework that operated in conjunction with clinical policies, including those related to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff had received training in relation to clinical policies and had a shared understanding of their application.

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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.