St Basil's Homes for the Aged in Victoria

Performance Report

24 Lorne Street
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**Commission ID:** 3150

**Provider name:** St Basil's Homes for the Aged in Victoria

**Site Audit date:** 30 November 2021 to 2 December 2021

**Date of Performance Report:** 12 January 2022

# Performance report prepared by

Vanessa Stephens, 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.
* the provider’s response to the Site Audit report received on 6 January 2022.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives stated that consumers are always treated with respect by staff. Consumers stated staff know what is important to them and that their cultural wishes are respected.
* Consumers and representatives stated they are able to excise choice in decision about care and the way care is delivered. Consumers described how they are able to choose where to eat their meals and if they wish to participate in activities.
* Most consumers and representatives are satisfied with the communication received, including the timeliness of updates.
* Consumers reported that their privacy is respected and personal information is kept confidential.

Staff interviewed described the preferences of individual consumers and discussed how care is provided in line with consumer wishes. Staff demonstrated knowledge and understanding of individual consumer’s key relationships with family and friends, and described how they supported these relationships. Staff also described the cultural needs of individual consumers and how these are met.

Care documentation includes relevant information relating to sharing information and contact details for those involved in consumer care decision making. Care plans included individual preferences, and for sampled consumers, were consistent with consumer, representative and staff interviews. Care planning documentation records the assessment of consumers who choose to engage in activities which carry a component of risk.

The Assessment Team observed staff treating consumers with dignity and respect and greeting visitors in a friendly manner.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives said care and services are planned around what is important to consumers. Consumers and representatives reported they have access to care plans.
* Consumers and representatives expressed a high level of satisfaction with the overall process of consultation regarding care and services.

Staff understand what is important to consumers in terms of how care is delivered. Clinical staff described how the assessment and care planning process identifies consumers goals, needs and preferences. Staff described how they provide information to consumers and representatives following assessment by allied health or medical practitioners.

Assessment and care planning documents reflected input or consultation from consumers and/or their representatives. Care plans are used as the basis of care consultation and are easy to understand and accessible to staff. Care plans reflected the current goals, needs and preferences of consumers and included documentation of advance care wishes. End of life planning occurs as required.

The Assessment Team found evidence of frequent general contact through progress notes following incidents or changes to health for all consumers and noted that there was input from specialists following assessments or reviews. Care plans sampled showed evidence of review on a regular basis and when circumstances change.

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.*

The Assessment Team found that while care planning documents provided evidence of comprehensive assessment and care planning information for the majority of care and services, the service was unable to demonstrate that they had appropriately assessed and minimised the risk of administering cytotoxic medication. The presence of cytotoxic medications was initially identified by the service, however no risk assessment of safe administration strategies was completed.

The provider’s response provides documentary evidence that three of the four cytotoxic medications identified in the Assessment Team report are classified as hazardous, with only one classified as cytotoxic. In relation to risk assessments, the provider’s response states cytotoxic medication administration was not included in consumer risk assessments as cytotoxic medication administration poses a risk to staff, not the consumers prescribed the medication. I also note the comprehensive remedial action taken by the service to minimise the risks these medications may pose.

I accept the arguments put forward by the provider in relation cytotoxic medication administration, and consider the risk posed by their administration to either staff or consumers to be low. I have also considered the service’s overall performance in relation to this requirement. On balance, I find the service meets this requirement.

### 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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Feedback from consumers and representatives in relation to the management of changing consumer needs was positive. Consumers were confident staff would know what to do in the event their health needs changed.
* Sampled representatives confirmed the service obtained consent for the use of psychotropic medications and that the use of these medications were minimised wherever possible.
* Consumers and representatives interviewed confirmed that the service is proactive in managing advanced care directives with consumers and the service respects their personal preferences.

Sampled consumer files demonstrated that consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being. For sampled consumers, effective and individualised clinical processes were observed for a number of high-risk clinical areas. For example:

* Clinical file reviews demonstrate the appropriate use and review of psychotropic medication, and all consumers subject to restrictive practices had evidence of three-monthly reviews by a either a geriatrician or medical practitioner and the consumer or their representative.
* Sampled consumers with diabetes had a current and detailed diabetes management assessment and care plan.
* The Assessment Team reviewed the files of two consumers that had experienced recent falls and found the service demonstrated effective post fall management for these consumers.
* All consumers reviewed had evidence of current pain assessments and pain management care plans. Pain assessments were completed proactively following falls and included changes to pain management strategies. Documentation demonstrated that consumers with a high risk of skin breakdown or current wounds were being actively managed and monitored by the service.

Staff displayed a high level of knowledge when discussing the individual needs of each consumer and were consistent with assessed interventions. Staff provided feedback on how to identify and monitor deterioration of consumers, including pressure injuries. Care staff demonstrated awareness of consumer needs and strategies to meet those needs.

The service has effective processes to document and communicate information about consumer condition, needs and preferences. Clinical staff, allied health professionals and care staff confirmed they have access to the information they need. The service was also able to demonstrate timely and appropriate referrals to individuals and allied health providers.

Throughout the three-day site audit, the Assessment Team observed staff to be responsive and actively engaging with consumers.

The service has an infection control policy including an antimicrobial stewardship policy. Information has been circulated to clinical staff in relation to antibiotic resistance, and appropriate use of antibiotics. Antimicrobial stewardship education has been provided. Staff identified appropriate infection control practices that aligned with the service’s infection control policy and demonstrated an understanding of how infection related risks are minimised.

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 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall, sampled consumers and representatives considered that the consumer receives the services and supports for daily living that are important for their health and well‑being and that enable them to do the things they want to do. For example:

* Consumers and representatives indicated in various ways that the consumer is supported to achieve their individual goals and that their needs and preferences are met, maximising their independence, health and quality of life.
* Consumers and representatives discussed activities consumers enjoy, how they are assisted to attend events within the service and wider community, and how the service enables them to stay connected with important people in their life.
* Consumers indicated in various ways how their emotional and spiritual well‑being is supported.
* Most consumers stated meals are varied and are of suitable quality and quantity. Consumers explained that when the menu is not to their personal preference they are provided with an alternative.

For sampled consumers, care staff could explain what was important to consumers, what activities they enjoyed, and this information aligned with consumer feedback and care planning documentation.

All care plans reviewed included information about the services and supports consumers need to help them do the things they want to do. Care plans included leisure and lifestyle preferences. Consumer assessment and care planning documentation included input from a variety of relevant health professionals into the planning of care and services.

The service demonstrated it has systems and processes for communicating information about consumer condition, needs and preferences within the organisation and with others where responsibility for care is shared. The electronic clinical software program is accessible to relevant staff.

The Assessment Team observed a variety of lifestyle activities on the schedule and consumers socialising in communal lounge areas. The team also observed the equipment used to provide or support lifestyle services was safe, suitable, clean and well maintained.

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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives described how consumers feel safe at the service and that they feel at home.
* Representatives described the generosity and friendliness of the staff, and that they are made to feel welcome at the service.
* Consumes representatives described how the service is clean and well maintained and that consumers can access outdoor areas when they choose to do so and are assisted by staff if required.

The Assessment Team observed the service to be welcoming with the layout of the service enabling consumers to move around freely both indoors and to the outdoor courtyard. The service environment is well maintained and comfortable.

The Assessment Team observed that consumers have access to a range of different communal areas with appropriate furniture and fittings, and equipment was observed to be safe, clean and well maintained.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The service demonstrated they have implemented a variety of ways to encourage and support stakeholders to provide feedback. This includes an easy to read feedback form and pulse surveys completed via electronic tablet using icons.

Staff interviewed described how they support consumers to raise feedback and the service has a number of bilingual staff.

The service had written materials informing stakeholders of external complaint mechanisms, advocacy, language and hearing services in English and other languages on display throughout the service.

Consumer representatives said they are satisfied with actions taken in response to complaints. Staff interviewed demonstrated an understanding of open disclosure. While it was evident an apology is offered when things go wrong, actions taken in response to some complaints sampled were not yet fully effective. Management demonstrated a commitment to strengthening this process.

The service has a range of systems and processes to guide complaints management. These include a complaint register, a corrective action register, a continuous improvement plan and an escalation process. The service demonstrated processes have been implemented to use feedback to improve services and communicate actions at relevant meetings.

The Assessment Team reviewed the complaints register and noted complaints received verbally or by an external authority are included on the register. Information recorded on the register includes details of the complaint, subsequent investigation, action taken, and details regarding the response to complainants. A monthly report to the Board includes a summary of feedback.

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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* The majority of consumers and representatives sampled expressed in various ways that staff are kind and respectful.
* One representative agreed staff have the required skills and knowledge, commenting that staff are approachable and provide the information required.
* Most consumers and representatives sampled stated they are satisfied with the number and mix of staff, although two consumers sampled stated they waited an excessive length of time for staff assistance with personal care.

Sampled staff confirmed they have sufficient time to complete their work and respond to consumer requests for assistance. Staff explained how they are provided with support to access training and development opportunities.

The service demonstrated how they plan and review the number and mix of staff in response to consumer choice, needs and preferences, occupancy and feedback.

The service has a range of documents and processes to monitor staff competence and ensure they have the skills and knowledge to perform their roles. These documents and processes include minimum qualification requirements, position descriptions, assessments, observations and performance appraisals.

The service has implemented a suite of performance appraisal measures for staff and management and sampled staff confirmed they have completed an annual performance appraisal.

The Assessment Team observed sufficient numbers of staff during a meal service to meet the needs of consumers who require full or partial assistance including consumers who prefer to have meals in their room.

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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall, sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Collated survey results demonstrate that consumes were satisfied or very satisfied with services.

The service showed they have maintained activities previously commenced and developed further opportunities for consumer and representatives to engage in the design and delivery of care and services. There are two levels of consumer and representative engagement, one by the service’s management team and the other by the Board. Board members discussed how they regularly attend the service and informally engage and seek consumer feedback.

The service also demonstrated they have a range of other governance measures in place, including information management, workforce governance and regulatory compliance. The service also demonstrated processes have been implemented to use feedback to improve services and communicate actions at relevant meetings.

The service has a clinical governance framework which includes policies and procedures, monitoring and improvement mechanisms. The service’s documented clinical governance framework reflects core principles of clinical governance, including policies relating to open disclosure, restrictive practice and antimicrobial stewardship. The service also demonstrated risk management systems.

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.*

The Assessment Team found the service has effectively addressed deficits previously identified in this Requirement. During this site audit the service demonstrated they have maintained activities previously commenced and developed further opportunities for consumers and representatives to be engaged in the design and delivery of care and services. There are two levels of consumer and representative engagement, one by the service’s management team and the other by the Board. The service’s continuous improvement plan reflects actions to enhance and embed consumer engagement are in progress.

### 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.*

The Assessment Team found the service has effectively addressed deficits previously identified in this Requirement. The service demonstrated they have maintained previously implemented governance systems. The service has also implemented a range of other planned systems and processes, including a suite of policies and procedures which have been tailored to the service, and an electronic quality reporting, auditing and benchmarking program. The service also demonstrated how they are continuing to support and develop their workforce through information sharing.

### 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.*

Assessment Team found that the service demonstrated they have risk management systems. However, the Assessment Team found the service was unable to demonstrate appropriate management of the risk to staff associated with the administration of cytotoxic medication. Policies and procedures are available to manage these risks but had not been implemented or monitored. Clinical staff and management acknowledged that the current practice relating to administration of cytotoxic medication was not consistent with their policy and did not mitigate associated risk to staff handling these medications.

The provider’s response details numerous improvements which have been made to the management of cytotoxic medication administration in the service. Given my reasoning in Requirement 2a and that the service complies with Standard 3, I find the service complies with this requirement.

### 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.*

The Assessment Team found the service has effectively addressed deficits previously identified in this Requirement. The service has implemented a range of governance systems, including implementing an electronic medication management program combined with new dispensing and consultant pharmacy services. An electronic quality reporting, auditing and benchmarking program, and an online learning and development program have also been implemented.

# 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.