SummitCare Randwick

Performance Report

15 Frenchmans Road   
RANDWICK NSW 2031  
Phone number: 02 9398 4511

**Commission ID:** 2332

**Provider name:** Frenchmans Lodge Nursing Home Pty Limited

**Assessment Contact - Site date:** 1 December 2021 to 3 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(d) | 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** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment conducted 1 December to 3 December 2021, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 6 January 2022.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team interviewed sampled consumers who confirmed that they are treated with respect saying staff give them time, are kind and know their needs. All consumers interviewed confirmed that their personal privacy is respected however the Assessment Team observed two occasions during the Site Assessment, when consumers privacy was not respected.

The Assessment Team interviewed consumers who confirmed the service supports them to spend time with people who are important to them, and say staff go out of their way to make them feel welcome. Consumers said staff are aware of their backgrounds and history and this is respected. All sampled consumers have stated that whilst it has been difficult to during the COVID-19 pandemic, the service has been proactive in ensuring they continue to see their family through video-link and telephone calls.

The Assessment Team identified that the service’s values include respect and compassion, and this was demonstrated in the interactions between staff and consumers, as observed by the Assessment Team.

The service has systems in place which are designed to engage and include consumers and their family members in care and service planning, delivery and evaluation, as well as to provide each consumer with information that is current, accurate and timely.

The Assessment Team observed staff treating consumers respectfully while providing care and services and when speaking to consumers.

The Quality Standard does not have an overall rating, as only three of the specific requirements were assessed and were found to be 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.*

The Assessment Team interviewed consumers and representatives who confirmed that most staff treat consumers with dignity and respect, are kind and caring, know their background and know their individual preferences in relation to service delivery. Consumers said they feel valued when staff take time to talk to them, explain things to them and respect their choices. Consumers know their right to be treated with dignity and respect and have their identity, culture and diversity valued. They confirmed staff know them well, and what is important to them.

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

*Care and services are culturally safe.*

The Assessment Team interviewed consumers and representatives who said staff deliver services in a culturally safe manner. They said they know consumers have the right to have safe and high-quality care and services. Consumers and representatives provided examples of how they have worked with staff and management to create a care plan that supports staff to deliver care in a culturally safe way.

Consumers said staff know their background and what is important to them. They said their families and friends are welcomed at the service and they generally visit with them in their rooms. Consumers confirm they have been asked by the service to share their experience of care delivered via feedback and feel comfortable in doing so.

**Requirement 1(3)(f) Compliant**

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

The Assessment Team interviewed sampled consumers and representatives who confirmed their personal privacy is respected. They said staff always knock on closed doors and wait for an invitation before entering and that staff close the door or draw the curtain prior to assisting consumers with their personal hygiene requirements or activities of daily living. Consumers interviewed did not raise any concerns around their personal privacy not being respected or concerns regarding their personal information being kept confidential.

Feedback received from consumers and representatives was extremely positive regarding the decision of the service to decant the number of four bed rooms to two bed rooms. They indicated that privacy has improved, and they have more space to meet with family.

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

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 2**

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

The Assessment Team interviewed consumers and representatives who considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers’ representatives provided feedback that they are involved in care planning to some extent and they have discussed the consumer’s care plan during the case conference.

The Assessment Team reviewed care documents which demonstrated assessment and planning addressed the consumer’s current needs, goals and preferences. The advance care planning and end of life planning is completed for consumers who wished to have the discussion.

The Assessment Team found that the service was able to demonstrate that assessment and planning are based on ongoing partnership with the consumers and other individuals/providers that the consumers wishes to involve.

The service was able to demonstrate that care and services were reviewed regularly and when circumstances change. Changes in sampled consumers trigger a review of their care and services.

The Assessment Team identified that the outcomes of assessment and planning are not consistently readily available or effectively communicated to consumers and/or their representative. For two consumers with multidrug-resistant infection, there was a lack of communication about the risk of transmission for visitors and other consumers who enter their rooms.

The Quality Standard does not have an overall rating, as only four of the specific requirements were assessed and were found to be compliant.

**Assessment of Standard 2 Requirements**

**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.*

The Assessment Team reviewed care documents which demonstrated the service undertakes assessment and planning which identifies personalised goals and strategies on most occasions for the sampled consumers. The service was able to demonstrate that advance care planning and end of life planning is completed for consumers who wished to have the discussion.

**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.*

The Assessment Team found that the service was able to demonstrate that assessment and planning are based on ongoing partnership with the consumers and other individuals/providers that the consumers wishes to involve. Consumer’s representatives provided feedback that they have discussed the consumer’s care plan during the case conference. Care planning documents reflect that consumers and others are involved in assessment and planning.

**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.*

The Assessment Team found that the outcomes of assessment and planning are not consistently readily available or effectively communicated to consumers and/or their representative. For consumers with multidrug-resistant infection, there was a lack of communication about the risk of transmission for visitors and other consumers who enter their rooms.

The Assessment Team observed a personal protective equipment (PPE) trolley and a waste bin lined with yellow bag were placed inside a consumer’s room to indicate the infectious status of the consumer. The door to the room was open and there were no infection control precautions posted outside the room to alert visitors or staff prior to entering. The consumer’s care plan contained information on the infection and the requirement for contact precautions, and an alert was displayed when staff opened the consumer’s document in the electronic clinical care system. However, the lack of signage outside the consumer’s room to communicate required precautions posed a risk of transmission, to other consumers and/or visitors who would not necessarily know about or understand how to take the required precautions.

The approved provider responded to the Assessment Team’s report and provided further information including the Infection Control Manual relating to the infection and the precautions that are put in place. I acknowledge the approved providers response and find that the approved provider has taken appropriate measures in line with their policy.

I find that the approved provider is compliant with this requirement.

**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.*

The Assessment Team found that overall the service was able to demonstrate that care and services were reviewed regularly and when circumstances change. Changes in sampled consumers triggered a review of their care and services. For the consumers sampled, care plans show evidence of regular reviews and reviews conducted when circumstances change, or incidents occur.

**STANDARD 3   
Personal care and clinical care**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 3**

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

The Assessment Team interviewed consumers and representatives who considered that they receive personal care and clinical care that is safe and right for them. A representative said they are grateful for the support given to the consumer and family and the consumer feels well cared for.

While the Assessment Team identified some areas for improvement, overall the service demonstrated continuous efforts were made to improve the provision of care and services at the service.

The review of a consumer nearing end of life identifies that they were cared for according to their needs and preferences.

The service has implemented appropriate COVID-19 preparedness procedures and staff generally demonstrated appropriate infection control practices.

The majority of care staff interviewed were able to explain antimicrobial stewardship, and how the use of antibiotics is minimised at the service.

The Quality Standard does not have an overall rating, as only three of the specific requirements were assessed and were found to be 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.*

The Assessment Team found that overall the service was able to demonstrate that each consumer gets safe and effective personal care and clinical care. The service demonstrated continuous efforts were made to improve the provision of care and services for consumers and to ensure care is tailored to their needs. Overall consumer’s feedback indicated that generally consumers get the care they need. The clinical indicators report provided by management showed a significant drop in the number of incidents in the last four months, and therefore a reduction in risk to the health and wellbeing of consumers.

**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.*

The Assessment Team found that the service demonstrated the review of consumers nearing end of life showed they were cared for according to their needs and preferences and wishes, which is reflected in their care documents.

The Assessment Team interviewed staff who said they provide regular repositioning for palliating consumers and family visits are facilitated for consumers nearing end-of-life.

**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.*

The Assessment Team found that the service has implemented appropriate COVID-19 preparedness procedures. Staff generally demonstrated understanding of the importance of infection control and appropriate infection control practices to minimise transmission of infections. The majority of staff interviewed about antimicrobial stewardship were able to describe how it is put into practice at the service.

The service has appointed an infection control lead and staff have completed infection control training including hand hygiene and PPE donning/doffing competency assessment.

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

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 4**

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

The Assessment Team found that overall sampled consumers confirmed they get 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.

The Assessment Team interviewed consumers and representatives who confirmed they are supported to do the activities they enjoy. Consumers said the staff make sure to let them know when things are on and assist them to attend when needed. One consumer said, “I am told what’s on”. One consumer representative said, “the lifestyle staff gets mum involved even though she does not speak English”.

The Assessment Team observed during the first day of the Performance Assessment consumers having lunch in both floor’s dining rooms. A large number of consumers in the dining room and some consumers in their rooms were not provided with a drink with their meals. The Assessment Team observed several consumers who had finished their meals, with no drinks available. Management was informed of this and measures were implemented to address the issue during the visit.

The Quality Standard does not have an overall rating, as only three of the specific requirements were assessed and were found to be 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.*

The Assessment Team interviewed consumers and representatives who advised that leisure and lifestyle services meet the needs and preferences of the consumers.

The Assessment Team observed care documentation which reflected assessments around supports for daily living, with consumer preferences that support their independence, health, well-being and quality of life. Documentation reviewed recorded cultural, emotional, spiritual and areas of interest for consumers. Documentation reviewed identified that most care plans are comprehensively completed.

**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.*

The Assessment Team found the service demonstrated that information about the consumer’s condition, needs and preferences are shared within the organisation. For the consumers sampled, review of their documentation such as “About Me” and Care Plans, provided adequate information to support effective sharing of information about the consumer’s care and services.

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

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

The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained. Equipment to assist consumers with their independence and mobility such as walking frames, wheelchairs and suitable seating were accessible, clean and sufficient to meet consumer needs.There are systems in place for staff and consumers to report any maintenance issues.

**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 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.

The Assessment Team interviewed sampled consumers and representatives who considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed that they feel at home at the service. Consumers and their representatives indicated the reduction of bed numbers in rooms has improved their privacy and they have more space to meet with family. Overall consumers interviewed confirmed that the service is clean and well maintained.

The service has undergone significant refurbishment in 2021, and overall it has a welcoming environment for consumers and visitors. The environment is light and airy, and the service has reduced bed numbers to increase privacy and comfort and provide safer mobility for consumers in their rooms. The service design includes a range of dementia enabling principles.

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.*

The Assessment Team observed the service environment was welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

The service has undergone significant refurbishment in 2021 and provides a welcoming environment for consumers and their visitors. Management said the service had made the decision to increase privacy, space and improve mobility for consumers by decanting the number of beds from 92 to 70, with a maximum room occupancy of two. The service has also used the additional space to purpose build multiple storage areas, which have removed the equipment previously observed in hallways and bathrooms.

**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.*

The Assessment Team observed the service environment was observed to be clean and well maintained. There were minimal scuff marks on walls and skirting boards. Bathrooms observed appeared clean. Common areas and hallways were clean, dining tables were clean and furniture upholstery was clean and in good repair.

The Assessment Team observed a small veranda with a table and chairs outside the dining / activities room on the first floor, was not accessible to consumers. It was locked with a heavy chair placed in front of it. The veranda was observed to be dusty and dirty with bird droppings. The access door to the barbeque area was also locked during the first day of the assessment.

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

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

The Assessment Team observed overall the furniture, fittings and equipment to be safe, clean and well maintained. For example, pressure mattress settings reviewed were aligned to documented consumer weights. New lounge furniture was observed throughout the service. A large new television had been installed in one of the lounge areas to increase image clarity for consumer with a vision impairment.

The Assessment Team reviewed the maintenance log which evidenced regular maintenance of equipment and furnishings, in the completions report and did not contain any significant unresolved maintenance issues.

**STANDARD 6   
Feedback and complaints**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 6**

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

The Assessment Team interviewed consumers and representatives who considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Most consumers and representatives interviewed stated that they feel comfortable approaching management to discuss any concerns. They reported that they feel ‘heard, welcomed and valued’. Most consumers and representatives reported to be satisfied with the outcome of their complaints and that this had improved the care and services provided to them.

The service has an open-door policy and actively encourages staff, consumers and their representatives to voice their concerns. The service demonstrated an open disclosure approach to complaints, and uses feedback provided to drive their continuous improvement plans.

The Assessment Team spoke to one representative who stated that management are not open and approachable, she feels that her concerns are not addressed appropriately.

The Quality Standard does not have an overall rating, as only three of the specific requirements were assessed and were found to be 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.*

The Assessment Team interviewed consumers and representatives who said they felt comfortable raising any concerns with staff or management. Staff were able to describe the complaints process and how they would respond if a consumer raised a concern. Information on how to provide feedback or raise a concern is provided throughout the service.

The Assessment Team interviewed staff who were aware of external avenues to escalate complaints and access to advocacy services.

The Assessment Team observed that an anonymous feedback box and complaints feedback forms were not available in the first floor during the first day of the assessment. This was remediated immediately once management was advised of it.

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

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

The Assessment Team found that the service has policies and procedures in place regarding open disclosure and staff have attended training to have an understanding what this is. The service takes appropriate action when a complaint is made.

The Assessment Team reviewed the Complaints register for 2021 which demonstrated an open and transparent approach and an Open Disclosure approach in dealing with complaints.

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

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

The Assessment Team found that complaints and feedback are reviewed and used to improve the quality of care and services. Examples were given of improvements to the services based on consumer/ representative or staff feedback.

A review of the Service’s complaints register indicated that 19 complaints have been lodged for 2021, and several compliments have been recorded. The Assessment Team was able to identify numerous examples of complaints being addressed to the satisfaction of consumers, and improvements implemented which benefited other consumers at the service. Feedback is provided to the parties and monitoring of the complaints process by management is occurring.

**STANDARD 7   
Human resources**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 7**

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

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

The Assessment Team interviewed consumers and representatives who confirmed that staff are kind and caring. Consumers interviewed confirmed that staff know what they are doing and did not identify any additional training needs for staff. Consumers and their representatives confirmed that they think there are adequate staff to provide quality care and services.

The Assessment Team spoke to care staff who said that staffing levels are adequate and that the service ensures vacant shifts are always filled. This was confirmed by roster and staff allocation records. Staff confirmed that the service provides them with a large amount of training and overall, mandatory training records show high completion rates.

The Quality Standard does not have an overall rating, as only three of the specific requirements were assessed and were found to be 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.*

The Assessment Team found that the service was able to demonstrate its 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.

The Assessment Team interviewed consumers and representatives who generally said they did not have to wait long for staff to respond to their call bells, and they do not wait long to get assistance to move around the service, or to go to the toilet.

The Assessment Team reviewed staff rosters, allocation sheets and shift vacancies for the two weeks preceding the Performance Assessment which showed the service filled all vacant shifts.

**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.*

The Assessment Team found that overall, the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The Assessment Team interviewed consumers and representatives who said they felt confident that staff are skilled enough to meet their care needs.

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

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

The Assessment Team found that the service was able to demonstrate its workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Review of the service’s training records showed that over 90% of staff have completed mandatory training modules except for fire safety and evacuation training. The service has further sessions scheduled. Infection control training was completed by 100% of staff over August and September 2021. Impetigo infection control training held on 5 May 2021 was completed by 33% of staff.

**STANDARD 8   
Organisational governance**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 8**

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

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

The Assessment Team interviewed consumers and representatives who confirmed that the service is well run. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services by being members of committees such as the food committee, responding to surveys and participating in the residents’ meeting.

The Assessment Team identified that the organisation has made significant improvements to strengthen its risk management framework. It has increased the size of the clinical compliance team enabling it to provide site-based, hands-on support to monitor clinical incidents, identify negative trends in clinical indicators and compliance, partner with and educate the service to more effectively manage, prevent and reduce high impact high prevalence risks to consumer health safety and wellbeing. The service has recorded significant decreases in incidents in its key clinical indicators.

The Quality Standard does not have an overall rating, as only four of the specific requirements were assessed and were found to be 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 that the service was able to sufficiently demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team identified that consumers are actively involved in resident and relative meetings and committees such as the food committee and the consumer focus group which was created to obtain and clarify feedback regarding areas for improvement and to identify staff training needs in relation to Quality Standard One, Consumer Dignity and Choice. A meeting was held on 28 June 2021 and further meetings to evaluate results and capture further feedback from consumers were held on 20 August and 19 October 2021.

**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 that the service was able to demonstrate it has effective organisation-wide governance systems in the areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team interviewed staff, reviewed documentation and spoke to the Chief Operating Officer in relation to governance. The service demonstrated effective governance in all areas and this was evidenced by the overall positive consumer/representative and staff feedback provided to the Assessment Team.

**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.*

The Assessment Team identified that the service demonstrated it has effective risk management systems and practices, including managing high impact high prevalence risks in relation to consumer care; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents, including the use an incident management system.

The service provided a documented risk management framework. The framework outlines the roles and responsibilities for risk management across the service. It covers identifying and determining level of risk to consumer health safety and wellbeing, risk and compliance registers, monitoring, review and reporting on risk, and developing risk management plans.

**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 that the organisation was able to demonstrate it has a clinical governance framework that includes antimicrobial stewardship, minimising use of restraint and open disclosure.

The Assessment Team asked staff whether these policies had been discussed with them and what they meant for them in a practical way. Staff said they had been educated about the policies and were able to provide examples of their relevance to their work.

Care staff were ultimately able to explain the concepts of antimicrobial stewardship and open disclosure. They were not familiar with the terminology but were able to correctly answer what was required when the Assessment Team provided them with scenario-based questions for each term.

**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.