The Gardens

Performance Report

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**Commission ID:** 8793

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 26 May 2021 to 28 May 2021

**Date of Performance Report:** 15 July 2021

# 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 Commission’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

# 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 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 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 felt that staff take time to get to know them and interact with them on a personal level to make them feel respected and valued as individuals.
* Consumers and representatives provided positive feedback about how staff deliver care and services in a way that is culturally safe for them.
* Consumers and representatives indicated that consumers feel supported to exercise choice and independence around making decisions, making connections with others and maintaining social relationships. Consumers also felt that staff understand what is important to them.
* Consumers and representatives said consumers are encouraged to do as much as possible for themselves and spoke of how consumers are being supported to take risks.
* Consumers and representatives confirmed they have access to a range of information.
* Consumers and representatives were satisfied that consumer privacy and confidentiality is respected.

Staff demonstrated familiarity with consumers’ backgrounds, needs and preferences and described how they value individual consumer identity and lifestyle. Staff described individual preferences of consumers and explained how these influence day-to-day care and support. Staff explained how they encourage and assist consumers to be engaged on a regular basis with people who are meaningful to them. Staff described how consumers who want to take risks are supported to understand the benefits and possible harm about their decisions and how consumers are involved in problem-solving solutions to reduce risk where possible.

Consumer care plans included detailed information about consumers background, culture, identity and preferences. This was consistent with information provided by consumers and their representatives. Consumer files and documents were managed in line with the organisations privacy policies and practices.

The service demonstrated how information stored is kept secure and how confidential discussions are held privately.

The organisation has a suite of policies related to consumer dignity and respect to guide staff practice.

Staff were observed interacting with consumers in a respectful and inclusive manner. Daily menu choices and activity schedules were observed to be displayed throughout the service.

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 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.

Most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of consumers’ care and services. For example:

* Consumers and representatives were satisfied that consumers’ risks and end of life wishes are identified, and consumers receive the care they need.
* Most consumers and representatives were unsure about care planning or that there was a care plan in place. However, they were aware consumers’ care is assessed and said they have regular conversations with staff about consumers’ care needs and preferences.
* Consumers and representatives were satisfied with staff communication, that consumers’ care is reviewed regularly and that changing circumstances are identified and reported.

Clinical staff described how they identify risks and complete risk assessments relevant to consumers’ care needs and preferences. Staff demonstrated knowledge of individual care needs and preferences of consumers. Staff described how they engage with consumers and representatives in relation to end of life planning and described what is important to consumers in how their care is delivered

Care planning documents demonstrated initial and ongoing assessment and review and identified risks to consumers’ health and well-being. Embedded risk assessments are completed for consumers through the assessment process. Assessment and care planning documents identified current individual consumer needs, goals and preferences. Consumer files included advance care directives and end of life information. Assessment documents and care plans demonstrated partnership with consumers and representatives in their development, with evidence that consumers are involved in care reviews.

Care planning included contributions from other health providers such as hospitals, medical, allied health and mental health specialists. Care documents are readily accessible for staff through a centralised electronic care documentation system.

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 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 Assessment Team also examined other relevant documents.

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

* Consumers and representatives expressed satisfaction with the safe and effective personal and clinical care received, particularly pain and wound management.
* Consumers and representatives are satisfied that consumer comfort and care at the end of life is provided and they are provided with the support required.
* Consumers expressed satisfaction with access and referral to their medical officer and other health professionals as needed.

Staff demonstrated knowledge and understanding of personal and clinical care needs in line with consumer wishes. Staff demonstrated understanding of individual clinical needs of consumers and described how high impact and high prevalence risks such as pressure injuries, falls and responsive behaviours are identified and managed. Staff demonstrated understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumers’ end of life care. Staff demonstrated understanding of identifying and responding to the deterioration of health in a consumer. Clinical staff demonstrated understanding of antimicrobial stewardship and appropriate use of antibiotics.

Information about consumers’ conditions, needs and preferences was documented in care plans and progress notes and communicated within the service. Consumer preferences for end of life care are documented on entry and are reviewed regularly or whenever there is a significant change in health status. Care planning documents demonstrated the management of risks associated with consumers. Care planning documents and progress notes reflect the identification of, and response to, deterioration or changes in consumers’ health. Behaviour management care plans reflect identified responsive behaviours and strategies to care for consumers and demonstrate alternative interventions are trialled prior to administering medication. Pain management, skin assessment and care planning documents demonstrate skin care and pain is identified, assessed and regularly reviewed. Care planning documents demonstrated information is shared with external services involved in consumer care as required.

The service demonstrated the use of both physical and chemical restraint is effectively assessed, monitored and reviewed in consultation with consumers and/or representatives. The service demonstrated how deterioration or change in condition is recognised and responded to in a timely manner.

The service demonstrated it has overarching infection control related policies and procedures to guide staff practices, including a COVID-19 outbreak management plan and antimicrobial stewardship.

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 support 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 consumers and representatives considered consumers 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. For example:

* Consumers said staff know what is important to them and they are supported to do the things they like. For example, celebrating important personal events, and participating in one-to-one or group activities inside or outside of the service.
* Consumers and representatives confirmed that consumers are supported to keep in touch with people who are important to them. For example, visiting with family or using technology to keep in touch with people who are meaningful to them.
* Most consumers and representatives provided positive feedback about the quality, quantity and variety of food. For example, one consumer and a representative said the food was cooked well and there was always enough food. One consumer said the variety of meals could be improved.

Staff described what was important to each consumer. Lifestyle staff explained how the activity program was designed and tailored to the consumer’s individual needs and preferences. Staff demonstrated how consumers participate in various activities both within and outside the service’s environment and how programs support their social and personal relationships. Staff described the people who are important to consumers, as well as their friendships and connections within and outside the service. Staff desmonstrated how information is shared in relation to consumers changing conditions, needs and preferences and that referrals are made in a timely manner where appropriate.

The lifestyle program offers a range of activities and services to support consumers social, physical, emotional and spiritual well-being. Activities are adapted to facilitate consumers with limited physical capacity, and group activities are held to allow for consumers living with dementia and cognitive decline. Lifestyle care plans were aligned to the interests of consumers and the lifestyle program and activities are reviewed regularly with input received through consumers’ feedback and the ‘residents’ meeting.

Consumers and their visitors were observed interacting in consumers’ rooms. Staff were observed encouraging and supporting consumers to engage in individual and group activities. The activities calendar was displayed on noticeboards throughout the service.

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 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 consumers and representatives considered that consumers feel they belong in the service, that it is their home and they feel safe and comfortable in the service’s environment. For example:

* Consumers confirmed they feel safe in their living environment, that their rooms are comfortable, and they feel at home.
* Consumers said their families visit often and staff are welcoming and supportive when they visit. They said the views they have from their windows make it a nice place to live.
* Consumers and representatives said the service is clean and is maintained on a regular basis. For example, they said staff clean consumers’ rooms and other areas regularly.

Staff demonstrated how consumers with cognitive or visual impairment are supported to live within the service environment.

The maintenance register demonstrated regular maintenance of the service environment and ongoing preventative maintenance. The service’s maintenance system showed regular maintenance of furniture, fittings and equipment.

The service environment was observed to be welcoming, mostly clean and well maintained. The service offered communal areas of different sizes, both inside and outside. The internal environment was free from clutter and enabled consumers to walk freely throughout the service. Doors were unlocked, and outdoor areas were accessible. Consumers’ rooms were personalised, with some rooms with a scenic outlook.

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 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.

Overall consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives were satisfied they can raise issues with staff or make complaints directly to management.
* Consumers said they feel safe in raising their concerns and confident that action would be taken.
* Consumers and representatives described how they have provided feedback or made complaints when they felt care and services did not meet an acceptable standard.

Staff described how they support consumers and representatives to provide feedback and demonstrated knowledge of the complaints process. Management described how complaint data is reviewed and how subsequent action is taken to improve the quality of care and services.

While staff did not understand the phrase ‘open disclosure’ staff demonstrated understanding of its intent and could describe its application in the provision of consumer care and services. Management and staff demonstrated an understanding of how they respond to complaints and how they follow the service’s open disclosure approach.

Complaint documents demonstrated complaints are recorded and appropriate action is taken by management.

The service demonstrated there are established processes in place to enable the submission of complaints, that formal complaints are documented, actioned and resolved in a timely manner. The service demonstrated feedback and complaints result in improvements for consumers.

Information on advocacy and language services were displayed and readily available throughout the service. Information on language services was available in a variety of languages. Written materials about complaints processes were clearly displayed at the entrance of the service.

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 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.

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

* Consumers and representatives said staff are kind, caring and respectful, and expressed satisfaction that staff are knowledgeable within their roles.
* Consumers and representatives confirmed that requests for assistance are answered within reasonable timeframes.

Staff were satisfied there are sufficient numbers of staff to enable them to perform their duties. Staff were satisfied they are trained, equipped and supported to deliver the outcomes required to meet consumer needs and preferences. Staff confirmed regular review of their performance occurs.

Management described how staff are recruited to meet the requirements of the role and how they ensure and monitor that staff are sufficiently skilled and competent. Management described processes to assess, monitor and review the performance of staff.

Roster documents demonstrated shifts are filled including unplanned leave. Documents demonstrated staff have the skills and qualifications relevant to their role and staff competency is monitored. Training records demonstrated staff participate in an orientation and induction program and are supported through both mandatory and other training that is identified. Performance appraisal records show annual performance reviews occur as scheduled. Training needs and requests are identified at performance reviews. Call bell reports demonstrated call bells are responded to in a reasonable timeframe.

The service demonstrated it has formalised procedures to monitor and review staff performance.

The Assessment Team observed a range of staff circulating throughout the service and responding to consumers call bells in a timely manner. Staff were observed to interact with consumers in a kind and respectful 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 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 organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services for consumers. For example:

* Consumers described how they can be involved in the development, delivery and evaluation of care and services through participation in the ‘resident and representative’ meetings and ‘food focus forum’.
* Representatives described how they are consulted via the ‘resident of the day’ approach and routine contact with clinical staff at the service.

Staff demonstrated an understanding of high impact and high prevalence risks, responding to abuse and neglect, incident management and Serious Incident Response Scheme (SIRS) reporting and supporting consumers to live the best life they can.

Management demonstrated how consumers are supported to participate in organisational and site level committees and forums. Management demonstrated how the governing body promotes accountability for safe, inclusive and quality care and services, and provided examples of how the Board drives change in the service.

The service demonstrated it measures risk against a documented risk management framework and the organisation has a policy for preventing and responding to elder abuse. The organisation demonstrated it has an incident management system that identifies risk to consumers, how these incidents are managed and escalated.

The organisation has policies in place to guide staff practice in antimicrobial stewardship, open disclosure and minimising the use of restraint.

The service demonstrated it has effective governance systems in place in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

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.*

### 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.