The Royce Manor

Performance Report

123 Mulgoa Road
PENRITH NSW 2750
Phone number: 02 4720 5633

**Commission ID:** 0938

**Provider name:** The Royce Aged Care Pty Ltd

**Site Audit date:** 16 November 2020 to 18 November 2020

**Date of Performance Report:** 4 January 2021

# Publication of report

This Performance Report **may 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.
* the provider’s response to the Site Audit report received 17 December 2020.

# 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:

* All consumers were generally satisfied with the way staff treat them and felt respected and valued at the service. One consumer said that she “cannot fault” the staff and they are “absolutely lovely” and treat everyone with respect.
* Consumers interviewed stated they felt their privacy is respected and their personal information is kept confidential.
* Consumers were observed to be happy and engaging in all interactions throughout the Performance Assessment. They were aware of their rights and responsibilities and felt comfortable expressing their concerns to management.
* Most consumers indicated that staff respect their choice and preference, and they are provided with current information and are able to maintain relationships of their choice.

Most staff interviewed generally spoke about consumers respectfully and demonstrated knowledge about consumer preferences, choice and cultural backgrounds.

Care planning documents reviewed did not identify consumer’s culture or reflect what was important to the consumer and provided limited detail of preferences and decisions regarding their care and services, however this information is available to all care staff in the consumer’s ‘About me’ document.

Whilst information for consumers with language difficulties exists in different languages, it was unclear to the Assessment Team how the service is providing that information to consumers to keep them informed and assist them in making a choice.

The Quality Standard is assessed as Compliant as all 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.*

The Assessment Team found that although consumer and representatives were satisfied with the way staff treat consumers and staff were able to describe how they engage respectfully with consumers regularly, there were discrepancies in care planning documents reviewed as it did not reflect what was important to consumers. Overall sampled consumers said they feel respected and valued as an individual at the service. They said staff speak to them respectfully and feel staff know them and understand their preferences. Staff interviewed were respectful when discussing consumers and gave examples of how they spend time with consumers and engage them in activities of their choice. They were also able to outline the various habits some consumers have and how they accommodate those consumers’ needs.

During interviews, lifestyle staff and management mentioned how they ask consumers/representatives of their preferences and cultural needs around care prior to or on admission of consumers. All staff interviewed stated they knock before entering consumer’s room and greet them. Care staff gave examples of asking consumers their preferred time of shower, the clothes they would like to wear or their meal preferences, daily.

Overall observations by the Assessment Team were that staff were observed to be interacting with consumers respectfully. During the meal times, staff were assisting consumers to eat, and the Assessment Team observed staff to be interacting in a courteous and respectful way with consumers.

Review of documents such as employee handbook, consumer handbook, policies, and progress notes showed respectful and inclusive language. The service has specific policies regarding privacy, diversity and inclusion, and open disclosure, all of which outline the expectation by the organisation regarding the treatment of consumers.

Review of education records showed that 24 staff attended an education session on consumer dignity and choice on 3rd March 2020, and staff attend annual corporate training which includes education on customer service, privacy, dignity, choice and decision-making.

In their response, the Approved Provider submitted information about the Assessment Team’s finding that specific information about consumers was not in care plans. The service acknowledges that the consumers country of birth or language was not in the care plan, however it believes that the best place for this information is the “About me” profile, which is easily accessible and visible to all. The service has considered the feedback from the Assessment Team and has updated consumer’s care plans accordingly. All Registered Nurses have been informed of this through mandatory training on 30 November 2020, as well as a memo which has been distributed, advising them of the same.

I have considered all the information before me and on balance I am persuaded by the overwhelming positive consumer feedback, knowledge demonstrated by staff in interviews, observations by the Assessment Team and the Approved Providers response, that it is more likely than not, that the Approved Provider complies with this requirement.

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team found that although overall, sampled consumers indicated that care and services provided by the service are culturally safe, care planning documents did not reflect consumer’s cultural needs or preferences and there were some inconsistencies in the cultural or lifestyle assessments and care planning documentation for consumers.

Whilst information for consumers with language difficulties exists in different languages, it was unclear how the service is providing that information to consumers to keep them informed. Most of the staff interviewed were able to describe cultural backgrounds of various consumers and specific relevant preferences eg. Food choices and gender of carer for personal care. While the food preferences weren’t always in the care planning documents, these were reflected in the dietary analysis form.

File reviews confirmed that cultural needs assessment and lifestyle assessment is conducted on entry to the service and reviewed annually, however, the information in the cultural needs assessment, lifestyle assessment and care plan are not congruent.

When asked by the Assessment Team how staff communicate with consumers who speak different languages, staff explained they use sign language, picture cards and cue cards in different languages for communication. They also said they are sometimes assisted by the consumer representatives when they have difficulty with communication. Not all staff demonstrated knowledge about external interpreting services.

Staff attend annual corporate training which includes cultural diversity, information on culturally and linguistically diverse backgrounds and LGBTI group. The service has a diversity action plan and diversity and inclusion policy which supports consumer cultural diversity and ensure cultural preferences are included in the care provided to consumers. Management stated there is an external interpreting service poster available in the staff room, which was observed by the Assessment Team.

In their response, the Approved Provider submitted information for the sampled consumers described in the Assessment Team’s report. This confirms that despite the Assessment Team not seeing it, these consumers have information available to them in a language they understand. This was in their bedside drawers. The Approved Provider has also confirmed that while information was not always in the care plan, it is in the Social Needs care plan and always in the ‘About me’ document which is utilised by all staff.

While I accept that the Approved Provider could improve consistency with their documentation of consumers cultural preferences, I am persuaded by the positive feedback from consumers, staff’s awareness and demonstration of consumer’s needs, and the response from the Approved Provider, that it is more likely than not, that the Approved Provider complies with this requirement.

### 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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers and/or representatives interviewed confirmed they are involved in care planning. Where consumers were unsure (due to age related cognitive decline) some were confident that their family was involved, and they were receiving care that met their needs and preferences.
* Most consumers and/or their representatives confirmed they are informed about the outcomes of assessment and planning and have been offered the option of receiving a copy of the care and services plan – should they wish.
* Review of sampled pre-admission summary care plans showed they have been developed in consultation with the consumer and/or their representative. The care plans post admission are reviewed and updated regularly or when a change occurs. There are assessment templates and checklists to ensure relevant information is collected and recorded.
* However, while there is evidence the service includes the consumer and/ or their representative in the initial care plan there is no evidence the consumer and /or their representative is involved in the ongoing review of care and services.

The Quality Standard is assessed as Compliant as all 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.*

The Assessment Team report provided examples of where consumers said they were confident in the staff to deliver care and services in line with their needs and preferences. Some consumers interviewed were able to inform the Assessment Team that they had been involved in their care plans, while other consumers interviewed were not able to recall being involved in care planning. They were however confident that staff were delivering the care and services to meet their preferences and needs. While initial assessment involves the consumer and or their representative, the Assessment Team were of the view that management was unable to demonstrate there is ongoing partnership with consumers/representatives in the review of consumer’s care and services. The care manager said however, that care plan reviews take place regularly after the initial assessment and that this occurs every three months. Consumers and/or representatives can choose to be involved if they wish. Some consumers choose not to be involved and are happy for their representative to attend meetings to update the care plan, when required, with their needs and preferences.

The Assessment Team found that for most of the consumers sampled their family member / representative is informed whenever there is a change in the consumer’s condition and on return from hospital. The Assessment Team found that input from other organisations, individuals and providers of other care and services such as Dementia Services Australia, Hearing Australia, a psychologist and the local district mental health team, podiatry and dietetics are reflected in the care plan.

In their response, the Approved Provider submitted information about the sampled consumers in the Assessment Team’s report. This confirms that the consumers had been involved in the review of their care plan, as demonstrated by their signature on the care plan and the review documents. The Approved Provider also described how they involve consumers and representatives in the review of assessment and planning through the case conference process.

I have considered all the information before me and I am satisfied that the Approved Provider Complies with this requirement as they’ve demonstrated that assessment and planning is based on an ongoing partnership with the consumer and others involved in their care, which includes other organisations and providers of care.

### 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:

* Some consumers and/or representatives interviewed said they receive the care they need. They confirmed access to doctors, specialists and other health professionals when needed.
* The organisation has policies and procedures which provide guidance to staff about the provision of safe and effective personal and clinical care. Review of files demonstrated for those consumers sampled the care, health and well-being of consumers are optimised. High-impact and high-prevalence risks such as physical and chemical restraint are monitored and regularly reviewed.
* Staff demonstrated knowledge in relation to end of life care and the service was able to demonstrate how consumer end of life care needs would be met.

The Quality Standard is assessed as Compliant as all 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 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 sampled consumers considered that 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.

For example:

Consumers interviewed confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. They said staff are kind and supportive and provide individual emotional support as needed.

Consumers confirmed they are supported to keep in touch with people who are important to them and to do things of interest to them. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.

Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Quality Standard is assessed as Compliant as all 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 they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers sampled confirmed they feel safe and at home living in the service. However, one consumer said it doesn’t feel like home because they cannot presently come and go as they choose.
* Consumers and/or representatives sampled reported the service is clean and well maintained.

The Assessment Team observed the environment to be welcoming, modern, clean, and easy to move around. Movement around the service was unrestricted with doors to balconies and courtyards unlocking at 8am and locking at 6pm automatically.

Equipment was observed to be clean, well maintained and appropriate to consumer needs.

The Quality Standard is assessed as Compliant as all 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.

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

For example:

* Sampled consumers interviewed said they know how to raise any concerns or make a complaint or provide feedback. Consumers were able to describe being comfortable to take concerns to staff or the manager.
* All consumers and representatives who had made formal complaints using the feedback system who were interviewed indicated they were satisfied the issue had been managed well and resolved.
* One of the representatives stated that the service was “very responsive” and “more than happy” to listen to her concerns and she has seen significant improvements in the delivery of care and services for her mother.

The Assessment Team found that the service is responsive to feedback and complaints. Where consumers or their representatives had provided feedback, appropriate actions are taken to address the issue and communicated with the consumer and/or their representatives. The service demonstrates improvements are informed by consumer feedback.

The management and staff demonstrated a clear understanding of open disclosure principles. The organisation’s quality team is heavily involved in the review of complaints received by the service.

 The Quality Standard is assessed as Compliant as all 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.

Overall 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:

Consumers/representatives interviewed confirmed the staff are kind, caring and treat them with respect. They were satisfied staff are meeting consumers’ needs and said staff are responsive when answering the call bell. They said the staff know what they are doing and indicated the staff have the skills to meet their care needs

The Assessment Team observed the staff interacting with the consumers in a kind, caring and respectful manner. There were observed to be adequate staff to care for the needs of consumers and respond to call bells in a timely manner.

The service plans its staffing according to consumer needs and feedback from consumers and staff. There are position descriptions and a recruitment process to ensure new employees have the qualifications and knowledge to effectively perform their roles. Staff are trained and equipped to provide safe and quality care and services and there are processes for the ongoing assessment, monitoring and review of the performance of all staff.

The Quality Standard is assessed as Compliant as all 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 indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers interviewed stated they think the service is well run. Consumers confirmed they have the opportunity to attend consumer meetings, focus groups, and provide feedback and suggestions by other means. They said they feel comfortable talking with management and they are open to suggestions.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

The Quality Standard is assessed as Compliant as all 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.