Thomas Scott Hostel

Performance Report

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**Commission ID:** 7114

**Provider name:** Amana Living Incorporated

**Site Audit date:** 31 January 2022 to 2 February 2022

**Date of Performance Report:** 16 March 2022

# Performance report prepared by

Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 2 March 2022
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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. They reported that staff value their culture, values and diversity and provide care and services that are physically, socially and emotionally safe for them. Consumers and representatives said that they are supported to exercise choice and independence regarding their care and services, including involving family members in decision-making and planning, and choosing times for personal care. Consumers and representatives advised that they were happy with the information provided to them by the service and reported that their privacy is respected by staff.

Staff described the cultural preferences of consumers and what was important to them, such as attending church. Staff described how consumers were supported to make choices about their care and services and described consumers’ relationships within and outside the service. Staff demonstrated an awareness of consumers who wish to take risks and described how they support them. Staff described the process for recording consumer preferences and the practical ways in which they respect the personal privacy of consumers which was consistent with comments from consumers.

The Assessment Team reviewed care planning documentation that reflected consumers’ cultural backgrounds, spiritual preferences, family relationships, activities of interest and personal preferences. Consumer choices are also reflected in care plans, including their recreational, social and emotional needs. Care planning documentation also reflected consumers’ choices to take risks and a completed risk assessment where applicable.

The Assessment Team observed posters and flyers displayed in the service outlining the daily activities and services available to consumers. Menu options for each day were displayed on a white board in the dining room. The Assessment Team observed staff interacting with consumers in a respectful, friendly manner, addressing consumers by name and respecting consumers’ privacy, such as knocking on doors before entering and conducting shift handover in a confidential setting.

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

Consumers and representatives said they were satisfied with assessment and care planning at the service. Consumers and representatives said staff involved them in care assessment and planning and, if consumers wished to, staff discussed end of life planning with them. Representatives were aware that they could access the consumer’s care plan. Consumers and representatives confirmed that care and services are reviewed as part of an evaluation process, when circumstances have change or when incidents occur.

Staff demonstrated an understanding of consumers’ needs, goals and preferences in relation to delivering safe and effective care. Staff described how others are involved in consumers’ assessment and planning. Staff reported that outcomes of assessments are documented in care plans and are discussed with consumers and representatives via telephone calls, face to face discussions and electronic correspondence. Staff confirmed that care plans are reviewed annually or when changes in care needs occur.

Care planning documentation reflected that the service undertakes a comprehensive assessment and care planning process when a consumer enters the service which is used to identify consumers’ needs, goals and preferences. The Assessment Team observed policies and procedures that guide staff in assessment and planning, including consideration of end of life planning. Care planning documentation reflected the involvement of others in assessment and planning, including physiotherapists, dietitians, speech therapists, specialist dementia services and lifestyle staff. The Assessment Team observed allied health professionals and medical officers assisting consumers at the service. Care planning documentation reflected that reviews occurred on a regular basis or when incidents occur.

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

Overall, consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives said they feel the consumer’s personal and clinical care needs are met. Consumers and representatives said that consumers’ conditions, needs and preferences are documented and generally communicated to the relevant people. They reported that timely and appropriate referrals occur when needed and that the consumer has access to relevant health professionals such as allied health professionals, medical specialists and specialist services. The Assessment Team observed referrals to physiotherapists, occupational therapists and podiatrists.

Staff described consumers’ needs and preferences and the management and monitoring of consumers’ clinical and care risks in line with their care plans. A review of clinical information identified that the service records high impact and high prevalence clinical and personal risks through incident documentation, risk assessments and care plans. Staff described the strategies that are used to manage risks – for example, sensor mats and frequent visual observations for falls risks, and diversion and communication for managing behaviours.

Staff described changes to care and strategies to maximise comfort when consumers are nearing end of life. Staff explained the assessment process following a change to a consumer’s condition and described how information is shared in the service through handover information, which was observed by the Assessment Team. Staff interviewed were able to describe how infection related risks are minimised.

Care planning documentation was observed to reflect individual care that is safe, effective and tailored to the needs and preferences of consumers. Care documentation described the key risks to consumers and strategies to manage those risks. Care planning documentation reflected the identification of and response to deterioration or changes in a consumer’s condition. A review of care plans and progress notes showed that adequate information was provided to support effective and safe sharing of the consumer’s condition, preferences and care needs. A review of case conferences and progress notes reflected that consumers, representatives, registered nurses, care staff and other health professionals are involved in the assessment and planning process as required. Care planning documents demonstrated timely and appropriate referrals to medical and other health professionals.

The Assessment Team observed policies, procedures, guidelines and flowcharts for key areas of care including restrictive practices, skin integrity and pain management. The service conducts clinical audits and analyses risks such as falls, medication incidents, pressure injuries and weight loss. The service has policies and procedures relating to antimicrobial stewardship and infection control and the Assessment Team observed some infection control strategies in place at the service.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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. Consumers confirmed that the service’s lifestyle program supported their lifestyle needs and staff assist them to be independent when taking part in the activities of daily living. Consumers reported that staff supported them if they were feeling low. Consumers and representatives said that they are supported to maintain contact with people who are important to them and to engage in activities that are of interest to them inside and outside the service. Consumers said they were happy with the quantity and variety of food provided and were able to request food between meals.

Staff described the activities consumers enjoy and how consumers’ emotional, spiritual and psychological well-being is supported. Staff described how they are updated on the changing condition, needs or preferences of each consumer and reported that they are kept informed through care plans and handover. Staff described other organisations and individuals the service involved in providing lifestyle services and supports. Staff described how the menus were changed every three months and suggestions and feedback were provided to the catering service. Staff reported that equipment is plentiful, accessible, regularly cleaned and well-maintained.

Review of care planning documentation demonstrated that each consumer file captured what and who is important to individual consumers to promote their well-being and quality of life. Care planning documentation also identified how consumers wished to participate in activities inside and outside the service. Religious services were included in the monthly activities calendar. The involvement of other organisations and individuals, such as dietitians and chaplains, was documented. The Assessment Team observed consumers participating in group and individual activities, sharing meals and receiving visitors. The Assessment Team observed that choices were provided on the lunch menu and staff asked consumers their preferences.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The service environment was observed to be welcoming and easy to understand. The corridors within the service had handrails on each side to assist consumers with limited mobility and seating was available throughout the service. Consumers stated they felt safe and comfortable at the service and provided positive feedback regarding the outdoor areas. Management described the recent upgrades to the cabinetry and bathroom of some consumer rooms.

Consumers and representatives indicated the service was safe, clean, well maintained and comfortable and consumers were able to move freely throughout the facility, both indoors and outdoors. The Assessment Team observed the floors and paved areas were level and clear of tripping hazards. Staff were able to describe the process to notify maintenance staff if a hazard or safety issue is identified. Cleaning staff were able to describe the service’s cleaning and infection prevention and control management. The service is equipped with hand sanitising stations and other items such as, antibacterial wipes and hand washing liquid, to manage an outbreak.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. A review of the planned maintenance schedule indicated the regular serving of equipment to ensure safety and effectiveness. Staff stated they have appropriate access to shared equipment to meet the consumers’ needs.

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

Consumers and representatives felt safe to provide feedback and make complaints. If a consumer raises a concern, staff stated they would encourage the consumer to complete a feedback form and assist them if necessary, staff would also advise the registered nurse. The Assessment Team observed the consumer admission pack to contain information on the feedback and complaints process.

Consumers and representatives stated they are aware of other methods for raising a complaint, such as through an advocacy service, however felt they would need to do so as they are comfortable raising concerns with management and staff. Most staff are aware of how to access interpreter and advocacy services but said they have not had to assist consumers to access these services. The Assessment Team observed posters and pamphlets for advocacy and language services displayed throughout the service.

Management advised that all complaints and feedback are recorded in the electronic risk management system. An acknowledgement of the complaint is sent to the consumer or representative and they are provided with information about the actions taken to address the concern raised. Consumers and representatives advised that their complaints are promptly actioned and most were satisfied with the resolution of their complaints. Staff and management understood and provided examples of the open disclosure principles. The Assessment Team reviewed documents regarding a complaint arising from a fall hazard within the service. It was evident that open disclosure processes were followed as well as contact made with the consumer’s representative and the creation of an incident report.

Consumers and representatives stated that feedback and complaints are reviewed and used to improve the quality of care and services. Management advised information from complaints and feedback are used to make improvements to the safety and operations across the service. For example, management outlined that a main theme for complaints was the quality and temperature of meals. This feedback was provided to the catering service and resulted in the adjustment of oven settings and there has since been no further complaints regarding the temperature of meals. A review of complaint documentation by the Assessment Team demonstrated the service took appropriate actions to address the complaint, communicated with the consumer and representative and ensured that the consumer was satisfied with the outcome.

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

Consumers and representatives expressed that interactions with the workforce were kind, caring and respectful of the consumer’s identity, culture and diversity. Management advised interactions are monitored through observations and formal and informal feedback from consumers and representatives. Staff were able to describe the communication needs of consumers and were aware of the consumers’ preferred methods of interaction, behaviours and personal preferences. The Assessment Team observed staff engaging with consumers their family in a respectful and kind manner.

The service demonstrated that members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers expressed that staff perform their roles effectively, and staff have the necessary knowledge, training and skills to meet their care needs. Management advised that position descriptions and duty lists are provided to new staff at the service which sets out the expectations for their respective role. Staff receive a wide range of mandatory training and new staff must complete an orientation and onboarding process, which includes buddy shifts with experienced staff, site orientation, training and competency checks.

Management advised how the analysis of incidents and clinical indicators identifies knowledge deficiencies and guides future training requirements. The Assessment Team reviewed the service’s training and education register which demonstrated that staff have completed mandatory training modules on topics such as, COVID-19 and infection control, Serious Incident Response Scheme) and restrictive practices. Consumers and representatives confirmed that management and staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care.

Staff performance is monitored annual performance appraisals, feedback from consumers and representatives, observations and input from other staff members. In addition, the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies.

The Assessment Team found the service did not meet Requirement 7(3)(a) regarding the ability of the workforce to support the delivery and management of safe and quality services. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is compliant. I have provided reasons for the finding in the relevant requirement below.

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.*

The Assessment Team recommended this requirement as not met due to feedback and concerns raised by staff members regarding insufficient staffing numbers which affected consumers’ needs and preferences not being met in a timely manner. I have considered this feedback in conjunction with consumer feedback across a number of other Standards and the Approved Provider’s response to this Requirement and have come to a different decision to the Assessment Team’s recommendation.

Feedback from consumers received by the Assessment Team in relation to this Requirement were mostly positive. I also note that consumers provided positive feedback in relation to care and service provision in Standard 3 Personal care and clinical care and Standard 4 Service and supports for daily living. In response to feedback received from a consumer regarding waiting for five to fifteen minutes for response to call bells, the Site Audit Report provides an analysis of call bell data from November and December 2021 which indicated that 93% and 82% of calls were responded to within five minutes. Interviews with management, and a review of meeting minutes, confirmed call bell response times are discussed at consumer and staff meetings. In their response, the Approved Provider notes management review call bell response times and immediately address any delays. The Approved Provider’s written response also notes that the call bell system has capacity to escalate unanswered calls to registered staff so they are quickly rectified.

In relation to staff feedback received by the Assessment Team regarding staff insufficiencies, the Site Audit Report and the Approve Provider’s response notes that management staff, who are also qualified registered staff, assist on the floor when shifts are unable to be filled by replacement staff. A staff member further noted they had requested for another care staff member to assist with consumer care needs, this was provided by the service.

The Approved Provider’s written response received 2 March 2022, included additional information regarding the issues identified by the Assessment Team. The Approved Provider’s response noted the service has established a specific centralised workforce model with designated staff to concentrate on assisting with the supply of appropriately qualified staff. Management also maintain a casual staff list to ensure shifts can be filled.

Although there may be delays for consumers to receive personal care and meals, the Approved Provider contends that consumers are not at any risk of harm. Additionally, as identified by the Assessment Team and other staff members, despite staff indicating they were short staffed, there had not been any harm or significant impact on consumers.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant. I invite the service to continue engaging with staff and consumers to better understand and address the issues raised concerning staffing levels.

### 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

Consumers and representatives confirmed they are engaged in the development, delivery and evaluation of care and services through participation in the feedback and complaints process, consumer and representative meetings, menu choice discussions and general discussions with staff. The Assessment Team reviewed the minutes from consumer meetings and it was evident that consumers were involved in the planning of future activities, menu changes and changes to the facility. Management advised they seek feedback from consumers about their living environment, delivery of clinical care, lifestyle activities, meal service and staffing.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery, as evidenced by the service’s clinical data review, regular engagement with staff and consumers and assessment and monitoring of daily operations. The governing body communicates regularly with staff, consumers and representatives via email and memoranda including updates on COVID-19 visitation restrictions. The service demonstrated that a continuous improvement plan is in place and is regularly discussed and reviewed.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had received training in these areas and could provide practical applications of their relevance to their duties. The service’s risk management system allows for a review of incidents to identify trends and opportunities for improvement.

The service evidenced a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff were able to describe these policies and how they are applied in a practical setting. For example, staff demonstrated a shared understanding of the open disclosure principles and stated they provide consumers with an acknowledgement and an apology in the event something goes wrong. Management described that medication charts are reviewed by a medical officer to determine if consumers subject to long term antibiotics usage can be ceased.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

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