TriCare Annerley Aged Care Residence

Performance Report

421 Annerley Road   
ANNERLEY QLD 4103  
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**Commission ID:** 5927

**Provider name:** TriCare Annerley Aged Care Pty Ltd

**Site Audit date:** 13 December 2021 to 16 December 2021

**Date of Performance Report:** 17 January 2022

# Performance report prepared by

Susan Turner, 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.

# 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 and representatives spoke highly of staff and said they are respectful and valued consumers’ individual identity, culture and diversity. Consumers said they are encouraged to maintain their independence by being enabled to take risks where they choose to do so and by continuing to do things for themselves. Consumers described the ways their social connections are supported, both inside and outside the service. They said they are satisfied that care and services are undertaken in a way that affords them dignity and respects their personal privacy.

Consumers provided examples of how staff supported them to be involved in the community, attend the library or shopping centre, participate in their religious observations or spend time with family and friends.

Staff spoke about consumers respectfully and were familiar with the consumers’ individual needs and preferences and had an understanding of consumers’ personal circumstances and life journey. Staff said that if they witnessed their colleagues treating consumers disrespectfully they would report their concerns to nursing staff or management.

Lifestyle staff described some of the cultural and religious activities and celebrations that the consumers enjoy including Christmas, Easter, ANZAC Day.

Management and staff said three monthly case conferences are held with consumers and representatives and that these meetings provide a forum for consumers and staff to share information and support consumers to make informed decisions.

Care planning documentation provided guidance to staff by illustrating what was important to the consumer including their goals and preferences in relation to their care and services. Specific cultural, religious and spiritual needs were addressed.

Consumers were provided with information to assist them in making informed choices about care and service delivery. Information included a copy of the Charter of Aged Care Rights. Consumers were provided with opportunities to contribute to decisions regarding activities, food and other related areas through participation in consumer meetings and through regular ‘in person’ consultation with lifestyle and care staff.

Staff had received training in topics including privacy, dignity, choice, and valuing culture and diversity.

Policies relevant to this standard guided staff practice and included code of conduct, privacy, choice and decision making, dignity of risk and consumer smoking.

The Assessment Team observed staff interacting respectfully with consumers and engaging in a warm and caring manner. Staff promoted consumers’ privacy and dignity, knocking prior to entering consumers’ rooms and responding promptly to requests for assistance.

The Assessment Teams observed noticeboards throughout the service, printed information was available including menus and activities calendars.

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 were satisfied with their level of involvement in assessment and care planning processes. They said they were informed about the outcomes of assessment and care planning, that allied health were involved in their care and that they had ready access to a care and services plan if this was requested.

The service had an electronic care management system which supported care and service delivery. Assessment and care planning documentation for consumers (including those with complex clinical care needs) was reviewed by the Assessment Team and was found to include details about consumers’ current needs, goals, preferences, advance care planning and end of life wishes. Where appropriate consideration of risk had occurred with strategies identified to minimise any potential impact for the consumers.

Care and service plans demonstrated integrated and coordinated assessment processes that involved other organisations and individuals including medical officers, allied health professionals, wound care specialists and specialists in diabetes management and dementia care.

Monitoring processes included three monthly review of care with senior clinical staff reviewing documentation daily to identify any health-related issues or emerging concerns. Changes in the consumers’ condition or an incident that impacted the consumers’ well-being resulted in a review of the care and service plan.

Staff interviewed demonstrated an understanding of assessment and care planning processes including the requirement to consider risks associated with the safety, health and well-being of consumers. Registered staff could describe how they engaged with consumers and their representatives and how the referral process ensured the involvement of allied health specialists.

Staff said they received information about consumers’ care needs by accessing the care planning documents and attending handover. They said that registered nursing staff provided them with support and guidance as required. Staff interviewed by the Assessment Team demonstrated a sound knowledge of consumers’ needs and preferences that aligned with consumer feedback and care planning documentation.

The organisation has a suite of policies, procedures and evidence-based assessment tools relevant to this standard that guide staff.

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 identify 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

Consumers and representatives were satisfied with the personal and clinical care they received. They said they had access to a medical officer and other health professionals when they needed it and that staff were responsive when there was a change in their health and well-being.

Care planning documentation was detailed and informed the provision of safe and effective personal and clinical care, including timely referrals to medical officers, allied health specialists including podiatrist, dietitian, and physiotherapist. Where consumers were identified as having specialised nursing care needs relevant health care providers including palliative care specialists, wound care specialist and dementia advisory services had been involved in supporting the consumers’ care needs. Care planning documentation demonstrated that the service responded appropriately when there was a change or a deterioration in a consumer’s condition and that end of life care supported the consumer’s comfort and dignity.

Staff could describe the organisation’s policies, procedures, guidelines and flowcharts for key areas of care including restrictive practices, skin integrity, end of life care and pain management. They said this information was available electronically and in hardcopy.

Management described key risks for consumers which included falls, weight loss, smoking and behavioural concerns. Staff were familiar with high impact and high prevalence risks associated with the care of the consumers and described the strategies they used to minimise the risk of harm.

The organisation had a restraint and protective assistance process that referenced legislation. Guidelines outlined the organisation’s commitment to ensuring that if restrictive practices were applied that these were a temporary measure and were only considered after a comprehensive assessment process.

Consumers who wished to smoke cigarettes were risk assessed and cognitively assessed by the medical officer prior to a smoking plan being implemented. Consumers were provided with information on smoking and the service’s smoking policy. The Assessment Team were advised that those consumers requiring support to smoke were accompanied to the smoking area by staff and were supported to smoke safely. The Assessment Team observed two consumers smoking independently in the smoking area not wearing a smoking apron as documented in their care plan. A volunteer visitor was present with the consumers at the time. This feedback was provided to management who committed to reviewing the care of all eight consumers at the service who smoke cigarettes and to remind them of the safe smoking requirements.

In relation to infection control consumers were confident with the way the service was managing planning for a possible outbreak of COVID-19. The service had documented infection control practices including an outbreak management plan, a dedicated infection prevention and control lead and resources to support the delivery of an effective infection control program. Staff said they had received training in relation to the management of antimicrobials and infection minimisation strategies including hand hygiene, the use of personal protective equipment, cough etiquette and cleaning processes.

The service monitors the delivery of personal and clinical care through clinical audits, analysis of clinical indicators and incident data, registered nursing staff monitor care delivery and the care review process. Clinical indicators were discussed at staff meetings and were used to inform improvements in care delivery.

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 and representatives said they were able to exercise choice about their daily lives including in relation to meals, sleeping times and the activities they attended. Consumers said their emotional and spiritual needs were met, that they were referred to other health care specialists when a need was identified and that staff supported them to keep in touch with people who are important to them. They said they can receive visitors at the service, maintain contact by telephone and go on outings or social leave.

Consumers generally were satisfied with the food and said they had input into the menu. They said their feedback had led to improvements in the variety of the meals served.

Catering staff explained how they receive feedback from consumers about their satisfaction with the meals provided and the Chef said they attended consumer meetings where food was a standing agenda item.

Care planning documentation demonstrated assessment processes capture what and who is important to the consumers and this guided staff in the delivery of care and services. Lifestyle staff explained that ‘about me’ and ‘life history’ profiles are available for staff as an element of the consumers’ care planning documentation. Meal preferences and dietary requirements were reflected in the documentation and aligned with the feedback provided by consumers.

The Assessment Team reviewed the service’s activity calendar and identified that activities are provided six days per week including Saturdays. Activities that consumers participated in included gardening, cooking classes, Christmas parties, live music, church services, community visitors, caring for the service’s birds and a variety of community based activities.

Information was available to consumers that supported their ability to make choices and the Assessment Team observed a variety of brochures and resources about external organisations was available.

Equipment to support the consumers’ lifestyle was found to be safe, suitable, clean and well-maintained. The kitchen was clean and tidy and staff observed general food safety and work health and safety protocols. Staff said they had access to the equipment they needed to undertake their roles.

Organisational policies and procedures relevant to this standard guided staff and included consumer-centred care.

The Assessment Team observed staff supporting consumers, respecting their choices, and being courteous and sensitive when consumers were upset.

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

Consumers and representatives said that consumers felt safe in the service and that the environment was comfortable and welcoming. They said they could move throughout the service and find their way and that staff were available if they required assistance. Consumers said their visitors were welcomed and that there were areas outside where they could sit in the garden.

Registered nursing staff described some of the features of the service environment that supported consumers with cognitive impairment. This included handrails and signage on bathrooms.

Maintenance staff described how they ensure the environment and equipment is safe and well maintained through a scheduled preventative maintenance program and reactive maintenance processes. Maintenance staff were available after hours if required. The Assessment Team reviewed maintenance documentation and confirmed that maintenance is conducted as scheduled and that maintenance issues are actioned promptly.

Cleaning staff said consumers rooms are cleaned weekly with a spot clean conducted daily; this schedule could be increased if a need is identified and consumers interviewed were satisfied with the cleaning of their rooms.

The Assessment Team observed that the reception area was welcoming with screening processes relating to COVID-19 in place. The service consisted of communal spaces, and quiet areas both inside and outside. The service had a large courtyard with manicured gardens and consumers were able to use these areas to meet with family and friends. Consumers’ rooms were decorated with personal items, furniture and photographs.

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 their representatives were satisfied with the feedback and complaints processes at the service. Consumers knew how to give feedback and make a complaint and said they felt comfortable doing so. They were aware of advocacy services and other methods for raising complaints. Those consumers who had made a complaint, advised the Assessment Team that an open disclosure process was followed and they could outline the improvements that had occurred in response to their feedback.

Consumers were provided with an information pack on entering the service that included the Charter of Aged Care Rights and processes for raising complaints with the service, the organisation, the Aged Care Quality and Safety Commission and other external advocacy bodies.

Management staff said they actively encourage consumers to provide feedback using feedback forms and that an open door policy is in place. Consumers confirmed they were able to speak directly to management.

Staff were able to describe how consumers with communication difficulties were supported to make complaints by involving the representative or by staff submitting the complaint on behalf of the consumers. Staff could also explain the translation services that can be accessed if required.

The Assessment Team observed feedback forms, complaints posters and locked suggestion boxes on both levels of the service. Feedback and complaints were noted to be a standing agenda item at consumers’ meetings.

The Assessment Team reviewed complaints documentation and noted that when a complaint had been lodged that appropriate and timely action was taken by the service and that the principles of open disclosure were applied.

Complaints were documented in an electronic complaint register, reviewed at monthly management meetings and reported on by the Facility Manager. Where service improvements were identified these had been added to the plan for continuous improvement for further actioning. The Assessment Team reviewed the plan for continuous improvement and confirmed that the current trends in complaints had been captured and were escalated within the organisation as appropriate.

Organisational policies relevant to this standard were available to guide staff practice and included open disclosure. Staff were familiar with how to support consumers access the complaints processes.

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 spoke highly of staff saying they were kind, caring and skilled in the way they provided services. Consumers and representatives felt there were sufficient staff to meet consumers’ care needs.

Management staff said the workforce was planned to ensure appropriate numbers and mix of staff were available to manage and deliver safe, quality care to consumers. They said they have had a recruitment drive that has attracted additional staff to the service.

Staff said there are enough staff to meet consumers’ care needs but did say that on occasion they were not able to complete their allocated tasks within the shift times. Care staff said registered nurses were available to provide support to meet consumers’ needs and that senior clinical staff were always able to be contacted. The Assessment Team did not identify any negative impact for consumers.

Staff and management said the service has a performance review process in place and staff interviewed said they had participated in a performance review within the previous 12 months. Management said staff performance is monitored through the analysis of internal audits and clinical indicator data, and consumer feedback with issues in performance were addressed promptly.

Management staff said they monitor staff interactions with consumers and staff behaviour in general. They said position descriptions and duty statements outline organisational expectations in relation to staff roles. Staff were required to meet minimum qualification and registration requirements; national criminal history checks were completed and an orientation and induction process was in place to support new staff to transition into the service. The service was supported by a corporate human resource manager, business adviser and a learning and development manager.

Training records reviewed by the Assessment Team demonstrated that staff had completed a range of training to support their knowledge and skills. This included infection control, managing complex behaviours, dementia care, diabetes management, Aged Care Quality Standards and privacy and dignity. Staff said they had been provided with ‘buddy’ shifts on commencement of employment and that they had completed training on topics including mandatory reporting, serious incident response scheme and recognising elder abuse.

The Assessment Team observed staff engaging with consumers and their families respectfully and in a caring manner. Staff were cognisant of consumers’ privacy and knocked on doors and waited to be given permission to enter.

The organisation had policies and procedures relevant to this standard to guide staff practice that included utilising a person-centred approach to deliver care, performance reviews and mandatory education.

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

Consumers and representatives generally felt that the service was well-run and that they were involved in improving care and service delivery. Consumers and representatives said they participated in consumer meetings and were involved in discussions about care and services. Representatives said the service communicated with them and that they were kept informed of any changes that may impact on care.

The governing body sets strategic priorities for the organisation and meets regularly to identify and review risks from an organisational and consumer perspective. The organisation had identified COVID-19 as being of significant risk to consumers and management described how the Board disseminated information regarding adherence to public health directives and provided general organisational support.

The organisation has implemented systems to monitor the performance of the service and to provide regular reports to the Board. Monitoring systems include regular auditing across most aspects of the service and satisfaction surveys.

The organisation has implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the serious incident reporting scheme.

Information systems ensure staff have access to the information they need to undertake their role and consumers expressed satisfaction with the way they were provided with information.

Management provided examples of how opportunities for continuous improvements were identified and how critical incidents were used to improve care and service delivery.

The organisation had policies relevant to this standard that guide staff practice and included workplace health and safety, compulsory reporting and diversity and inclusion. The Charter of Aged Care Rights is provided to each consumer on entry to the service. Staff were familiar with key policies including those relating to clinical governance, antimicrobial stewardship, restraint minimisation and open disclosure and could provide examples of how these policies related to their work.

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.