Vivian Bullwinkel Lodge

Performance Report

85 Hester Avenue
MERRIWA WA 6030
Phone number: 08 9206 6000

**Commission ID:** 7312

**Provider name:** Air Force Association (Western Australian Division) Incorporated

**Site Audit date:** 9 March 2020 to 11 March 2020

**Date of Performance Report:** 27 May 2020

# 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.

# 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

This Quality Standard is assessed as Compliant as all six specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed decisions about their care and services, and live the life they choose. All consumers and representatives interviewed confirmed staff make them feel respected and valued. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers advised they are always treated with respect by staff. Representatives stated staff treat their loved ones with respect and always maintain their dignity when providing care and services.
* Consumers stated they are encouraged to do as much for themselves as they are able. They are provided a choice for meals and activities, times of rising and retiring for bed, and can do the things they love.
* Representatives said staff include them in discussions about care delivery and seek their feedback about how it is going during the review process.
* A consumer said staff were very respectful of their religious beliefs and often asked questions to understand those beliefs better.
* Consumers and representatives reported consumers are encouraged to socialise within the service environment and are supported to maintain personal relationships.

The Assessment Team found the service has a customer service policy that guides staff in how to treat consumers with dignity and respect and maintain their privacy.

The Assessment Team reviewed records of care which confirmed consumers’ likes, dislikes and preferences are included in their care plans to guide staff in the provision of care, including information about cultural background and associated customs and beliefs. Records reviewed demonstrated consumer engagement with decisions about their own care, including care conferences involving representatives as appropriate. A risk register includes dignity of risk assessments for those consumers choosing to participate in activities that may put them at risk. Risks and potential consequences are explained to the consumer and/or their representatives as part of this process.

During interviews with the Assessment Team staff spoke about consumers in a familiar way and were able to describe care, personal and cultural preferences. Staff provided examples of how they maintain consumers’ dignity and show respect, such as providing treatment and personal care in the privacy of rooms and respecting consumers’ preferences and choice as to how personal care is delivered. Staff described specific consumers and their life stories and how they used their knowledge of consumers to engage them in conversation. Registered nursing staff provided examples of how they support consumers’ choice through the admission process, and regular reviews of care and services. Staff described individual consumers, the risk activities they participate in and how they are supported to do so safely.

The Assessment Team observed staff interacting with consumers in a respectful manner. Lifestyle staff were seen visiting individual consumers to invite them to activities. Menu options for each day were displayed in all dining areas. Staff were seen closing doors behind them when entering consumers’ rooms to provide personal care, and handovers occurred in the locked nurses’ stations. Staff were seen using an electronic record management system that is password protected.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 1 to ensure they: have a culture of inclusion and respect for consumers; support consumers to exercise choice and independence; and respect consumers’ privacy.

## 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 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

This Quality Standard is assessed as Compliant as all five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed confirmed they felt like partners in the ongoing assessment and planning process to enable them to get the care and services they need. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers reported staff consult them regarding their care and lifestyle preferences every day, for example: rising and retiring times, showering times, menu choices and attendance at activities.
* Consumers and representatives reported they were provided with the opportunity to discuss end of life wishes when they moved to the home.
* Consumers advised they can choose to involve family member in decisions about the care and services they receive.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning of care in partnership with consumers, and/or their representative as appropriate. The assessment and care planning process is guided by overarching policies and procedures available on the service’s intranet, and an electronic record management system. Assessment and care planning includes consideration of information gathered from a variety of sources including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. Assessments and planning also includes consideration of the consumers’ goals and preferred services.

Consumers are supported to undertake advanced care planning and are referred to external services to support their care as required. Outcomes of assessments are effectively communicated to staff to guide care provision and there is a process in place to enable consumers and/or their appointed representatives to review care plan documentation on request.

The Assessment Team sampled consumers’ files. Care plans and assessments sampled showed care is provided for each consumer that is individualised, safe and effective. Care plans are developed from information that is gathered on admission from a range of sources including discharge summaries, aged care assessments and information from the consumer and/or their appointed representative. Care plans are updated when there is a decline in health, incidents have occurred, discharge from hospital, changes in preferences or by the annual review.

Staff interviewed by the Assessment Team confirmed comprehensive assessments and planning, including end of life planning, are commenced on admission to inform the consumer’s care plan. Staff provided examples of how they use care plans to guide the care they provide, and of how they pass on information about consumers to clinical staff to inform future care planning.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 2 to ensure they undertake initial and ongoing assessment and planning for care and services in partnership with the consumer, and that 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 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 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

This Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives stated they receive personal care and clinical care that is safe and right for them. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives reported staff consistently meet consumers’ healthcare needs. Consumers reported feeling safe within the service and satisfied with their access to medical practitioners and allied health specialists.
* Consumers stated they consistently get the care they need, provided at their preferred times, and management regularly consults them regarding their satisfaction with the care and services they receive.
* Consumers reported the general practitioner and clinical staff discuss proposed changes to their care as required.
* Representatives reported they receive timely notification of changes to their loved one’s health status, or when an incident occurs.

The Assessment Team found the organisation has clinical policies and procedures in place underpinning the delivery of care and was able to demonstrate how it reviews practice and policies to ensure these remain fit for purpose, informed by advice from consumers and other experts.

The Assessment Team reviewed consumer files and noted care plans are updated when clinical and/or personal care needs change, including in response to hospital admission and discharge.

The Assessment Team found that high impact and high prevalence clinical and personal risks for consumers are appropriately managed and communicated to staff. A clinical audit schedule includes identification and management of consumer risk. Further reviews occur during routine care plan evaluation, annual reassessments and annual family conferences.

In interviews with the Assessment Team staff demonstrated knowledge of individual consumer’s care needs and preferences and described the range of ways this information is communicated to them. Staff identified consumers who choose to participate in activities that place them at risk, and the strategies they use to minimise harm. Staff described the attention given to the needs and preferences of consumers at the end of their life. Clinical, care and domestic staff described how they minimise cross infection when performing their duties, including using appropriate personal protective equipment.

The organisation has policies and procedures in place to guide staff in relation to infection control practices. Transmission-based precautions are implemented if a known infectious condition is confirmed. These are in addition to the standard precautions, and are practiced by all those who require them, for the duration of the transmission risk. The service has an annual influenza vaccination program and antibiotic use is monitored.

The organisation has implemented an organisation-wide action plan to minimise a potential COVID-19 outbreak and to manage an outbreak should one occur. This includes reviewing infection prevention and control activities, the management of consumer illness, and sharing and following advice from the Department of Health.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure they deliver safe and effective personal care, clinical care, or both personal and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

### 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

This Quality Standard is assessed as Compliant as all seven specific requirements have been assessed as Compliant.

The Assessment Team found all sampled consumers confirmed they are getting 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. Specifically, consumer feedback includes:

* Consumers and representatives confirmed they are satisfied they receive safe and effective services.
* Consumers and representatives reported consumers are encouraged to socialise within the service environment and are supported to maintain personal relationships.
* Consumers reported they have control over their daily lives and are able to contribute to life within and external to the service to the extent they wish.
* Consumers provided positive feedback about the food and dining experience.

The Assessment Team observed an electronic record management system enabling staff to generate and have access to assessments, care plans, handover notes and all policies and procedures. Policies and procedures include those relating to assessment of consumer needs and preferences, communication processes to ensure staff are aware of these needs and preferences, and the process of referring to external agencies for additional care and support.

Care staff interviewed could explain what is important to the sampled consumers and what these consumers like to do. Activity staff could explain how they work with external organisations to help supplement activities offered within the service. Staff were able to describe the various ways information about a consumer’s changing condition, needs or preferences is communicated to them, including in relation to meals. All staff interviewed reported they have access to suitable, well-maintained equipment to assist them in delivering care and services.

The Assessment Team sampled consumers’ files and found care planning documents showing all consumers are consulted about their care and services, and what activities they would like to participate in. Care planning documents reviewed confirm consumers do participate in the community, maintain their relationships and do things of interest to them.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure they provide 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 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

This Quality Standard is assessed as Compliant as all three of the specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following specific examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers described the service as ‘homely’ and staff treat them ‘like family’. Representatives stated the service welcomes them.
* Consumers reported the service is clean and tidy and they have easy access to move freely around the service and participate in things they like to do.

The Assessment Team observed the service environment is safe, clean and well-maintained. Consumers were observed moving freely inside and out, with clear access to outside areas.

The Assessment Team interviewed the maintenance team who described the process staff follow to report maintenance issues, and how these issues are addressed. Work needing to be completed by external contractors is completed as quickly as possible. Staff interviewed were able to describe how they report maintenance issues and respond to a safety incident, hazard or emergency.

The Assessment Team reviewed the maintenance register and routine maintenance schedule both confirming the process in place is followed.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers advised they did not have a need to make complaints but knew how to, and felt they were supported to do so.
* Consumers and their representatives said they felt encouraged to provide feedback either positive or negative and have various platforms to do so.
* Consumers considered the service was responsive to suggestions for improvement.

The Assessment Team found the service has an open disclosure policy. Staff have been provided with training on this policy, and a copy is given to consumers and their families in the admission pack to explain the service’s feedback framework.

The Assessment Team saw feedback forms and pamphlets about making external complaints and advocacy services in various locations around the service.

During interviews with the Assessment Team care and clinical staff demonstrated their understanding of the feedback mechanism in operation by providing examples of how they can support consumers to make complaints internally or externally. Staff across all competencies were aware of the open disclosure policy, what it means, and where to locate it.

Documentation reviewed shows the service logs feedback in a consolidated register. All feedback is acknowledged and actioned. Records confirm the service receives few complaints. Records of the monthly resident and relative meeting confirm it is well-attended and complaints, suggestions and feedback is a standing agenda item.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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

This Quality Standard is assessed as Compliant as all five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them, from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers consistently advised they felt the service had adequate staffing levels and mix of staff members. Consumers reported they are assisted in a timely manner and do not experience extended waiting periods.
* Representatives reported they trust the service and are confident with the staff to deliver safe care to their loved ones.

The Assessment Team found the service demonstrated they have a process in place to ensure their workforce includes sufficient numbers, and an appropriate skill mix, to deliver safe, respectful and quality care and services. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

Management informed the Assessment Team that all staff attend corporate training and annual mandatory training. In addition, an annual training schedule and toolbox training sessions ensure staff received current education to help them fulfil their roles.

The Assessment Team interviewed staff who confirmed they have sufficient staff to provide the required care. Staff confirmed they have lots of opportunities to attend training, and they undertake regular performance appraisals to support their development. Training to fill identified gaps in knowledge of specific staff is provided as required.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and their representatives stated the service is run well and they felt safe living at the home. Representatives stated they felt confident their loved ones received the right care and services and were well looked after.
* Consumers provided examples of how they have provided input into the development of their own personal care and services including preferences for rising and their activity program.
* Representatives provided examples of how the service regularly seeks their input into the evaluation of care and services delivered to their loved ones.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. The specific clinical governance framework includes guidelines relating to antimicrobial stewardship and minimising the use of restraints. The risk management framework is supported by policies and procedures to support staff in consulting with consumers about taking risks to live their best life. These guidance documents are available to staff in either hardcopy or electronically on their intranet.

The Assessment Team interviewed staff who confirmed they are encouraged to make suggestions, and that continuous improvement is discussed at meetings. Staff confirmed they had received education about risks to consumers, identifying and responding to abuse and neglect, and they could explain the need to report suspected abuse. Staff also reported they had received education about antimicrobial stewardship, the appropriate use of restraint, and open disclosure.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

## 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.