Walkerville Residential Care Centre

Performance Report

160 - 178 Walkerville Terrace   
WALKERVILLE SA 5081  
Phone number: 08 8342 8300

**Commission ID:** 6908

**Provider name:** Allity Pty Ltd

**Site Audit date:** 10 February 2020 to 12 February 2020

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site audit; the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the 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 choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that staff were courteous, kind and caring and they feel consumers are treated with dignity and respect.
* they felt valued and safe and were provided with choices. For example, consumers said they do not participate in activities in which they do not wish.
* they are able to practice their religion and attend events at their local church.
* they are encouraged to do things for themselves, tell staff if they would like to make changes to their care or choices in relation to showering times and meals and staff know what is important to them and makes them happy.
* their privacy is respected as staff do not talk to other consumers about them.

The Assessment Team found care plans were developed and reviewed in consultation with the consumer and/or their representative. Key strategies, needs and preferences are documented, and staff are aware and support consumers to make decisions and maintain relationships.

The Assessment Team viewed eight care plans which showed consumer’s goals, preferences, what was important to them and how they liked things done as well as consumer’s preferences, specific cultural needs and what important to them were documented in the consumer’s care plan.

Nine consumers interviewed by the Assessment Team described how they are involved in their care, how they are able to make decisions about the care and services they receive, and who is to be given the information if they are unable to make those decisions for themselves. All consumers and representatives interviewed described consumers’ positive relationships with staff and management and they felt supported to communicate with their family, friends and other consumers and, if they wished, to raise any concerns.

Staff interviewed by the Assessment Team said they know the consumers and read the care plan to know what they like and what is important to them and ask each day what they would like to do. Staff could describe how each consumer is supported to exercise choice and make decisions about the care and services they receive. For example, choice of items on the menu, what lifestyle activity they would like to attend and if they would like to go on the bus trip or for a walk.

The Assessment Team viewed Dignity of risk consultation forms are completed where consumers wish to undertake risky activities. Processes include discussions with consumers and/or representatives in relation to the risks involved in the activity, likelihood, and agreed rules and conditions.

The Assessment Team viewed completed risk consultation forms for activities, including a consumer who wishes to smoke, a consumer who wishes to continue on a normal diet despite Speech Pathologist recommendations, a consumer who wished to use a scooter and a consumer who wished to go for a ride in a V8 Super car.

During the site audit the Assessment Team observed staff interacting with consumers respectfully.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* described in various ways how they are involved in assessment and care planning processes.
* they provided information about their care needs and preferences on entry.
* they receive care and services in line with their needs and preferences.
* they are informed of outcomes of assessment and planning and are involved in review processes.
* they are aware of care planning documentation.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

Care planning documentation viewed by the Assessment Team identifies each consumer’s needs, goals and preferences and is reviewed when circumstances change to optimise care and service and ensure they are safe and right for them. Care files sampled demonstrated care and services are reviewed on a six-monthly basis. Where changes to consumers’ health and well-being are identified, reassessments have been initiated, outcomes evaluated, and care plans updated to reflect consumers’ current care needs and preferences.

Care staff interviewed by the Assessment Team described how they are involved in care planning and assessment processes. This included notifying clinical staff of any changes to consumers’ health and/or well-being. All care staff said they have access to care plans to assist them with care and service delivery. They said care plans are up to date and they are notified of changes to care plans through handover processes.

Clinical staff interviewed by the Assessment Team reported how they communicate outcomes of assessment and planning with consumers and/or representatives. This included through case conference processes, telephone conversations and email. This was also evidenced in care files sampled.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning have a focus on optimising health and well-being in accordance with the consumers’ 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 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

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

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

* they receive personal and clinical care that is right for them.
* they are satisfied with personal and clinical care provided to consumers.
* they have access to medical officers and allied health professionals to address care needs.

The Assessment Team found the organisation has written guidance materials about best practice care delivery and these are regularly updated through the quality and clinical governance framework. Policies and procedures are reviewed regularly to align with best practice and regulatory legislation. The organisation has a Restraint minimisation policy and process which reference best practice guidelines. Use of both chemical and physical restraints is monitored on a monthly basis, with data reported at a service and organisational level. Information provided by clinical staff demonstrated three consumers have recently had psychotropic medication ceased.

Care files viewed by the Assessment Team demonstrated the organisation has a range of assessments, both clinical and lifestyle, that are completed and assist to identify consumers’ care needs and preferences. Validated assessments are completed for each consumer on entry and on an ongoing basis. Care plans are developed based on outcomes of assessments and consultation with consumers and/or representatives. Management strategies documented are individually tailored and aim to optimise each consumer’s health and well-being.

Staff described to the Assessment Team a range of consumers’ clinical and personal care needs, how the care provided is tailored to meet consumer needs and how they support consumers to do as much as possible. Staff across all areas of the service described actions they take to minimise spread of infections.

Clinical staff interviewed by the Assessment Team described how assessment processes assist in the development of care management strategies that are tailored to consumers’ needs and optimise their health and well-being. Clinical staff described how end of life care wishes and supports are implemented for consumers nearing the end of life. They said they utilise medical officers and allied health professionals to provide additional expertise, support and guidance during the palliative phase.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. To improve monitoring of consumers identified as high risk, a new organisational campaign was launched in November 2019. The objective of the campaign is to increase staff awareness of consumers at high risk and to deliver a heightened level of person-centred care.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found consumers and representatives interviewed said they get the services and supports for daily living are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are supported by the service to maintain their previous interests, including attending weekly bridge card games, daily walks, going to the local shopping centre and religious services.
* they enjoyed doing the dusting which they had always done as it gives them a sense of belonging, value and independence.
* they maintained their independence and do things they liked to do each day, such as going to the local shops and buying bread to feed the ducks.
* they are satisfied with the meals provided and provide feedback through Resident and Relatives meeting, feedback forms and annual surveys.
* they are satisfied with food choices available and how they provide feedback to staff about what they do and do not like, and what happens if they are hungry between meals.

The Assessment Team interviewed the Lifestyle staff who said on admission and in consultation with the consumer and/or their representative, Lifestyle history assessments and Care and lifestyle consultation forms are completed. The information gathered is entered on to the service’s electronic care system and forms the basis of the Lifestyle care plan. The Lifestyle care plan is reviewed every six months or earlier if the consumer’s interests, wishes or participation changes. Lifestyle reassessments/conferences are conducted yearly in consultation with the consumers/representative.

The Assessment Team viewed eight care plans which confirmed information gathered on admission from the consumer and their representative, Lifestyle history assessment and care and lifestyle consultation form is entered onto the service’s electronic care system and forms the basis of the Lifestyle care plan.

Eight consumers confirmed to the Assessment Team their care plans include information on what is important to them to optimise their independence, health, well-being and quality of life.

The Assessment Team observed various activities provided by the service during the Site Audit and how consumers and representatives participated.

Care staff interviewed by the Assessment Team said they will spend time talking with consumers when they observe a consumer requiring emotional support or refer them to pastoral care. They will take consumers for walks or encourage them to attend activities to socialise with others. Care staff said they would report any changes in the emotional state of a consumer to the nursing staff.

Documentation viewed by the Assessment Team confirmed consumers’ dietary needs and preferences, including allergies, and likes and dislikes, are obtained on entry to the service. A Nutrition and hydration assessment is completed and a copy provided to the hospitality coordinator. Staff said consumers with special dietary needs, such as gluten free, diabetic, puree, and those consumers who require specific meals due to their religious affiliations are catered for accordingly.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, 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 COMPLIANT Organisation’s services 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 Quality Standard is assessed as Compliant as three of the three 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 examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* they feel at home and can personalise their rooms with their own furniture, photographs and other memorabilia from their home. Consumers said visitors are made to feel welcome.
* they are very satisfied with the cleanliness of their rooms and the laundry services provided. Consumers said rooms are regularly cleaned by staff.
* they stand at the back fence outside their room which has a steep decline to the river to feed the ducks, and know and feel it is safe to do so.
* they felt safe and were reassured knowing male staff were rostered onto the night shift.

The Assessment Team found by interviewing the maintenance staff they described the service’s process when staff report items that require repairs or are deemed unsafe for use. Maintenance staff said the organisation has a preventative maintenance schedule which is tailored to the specific requirements of the service. Maintenance staff described the processes for the recording and managing of reactive maintenance requests. Reactive maintenance request folders are located in the nurses’ stations. Staff confirmed that maintenance is completed in a timely manner.

The Assessment Team observed the service to be clean, welcoming and well-maintained, and the environment to appear to be safe and comfortable. Consumers were observed going out for walks, either around the site or down to the main street. Consumers stated they like to sit and have coffee in the Café area as it feels they are at a restaurant or café in the community. They said the place always smells of percolated coffee and feels welcoming.

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 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

The Quality Standard is assessed as Compliant as four of the four 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:

* they are comfortable raising complaints with management or staff and complaints are generally responded to in a timely manner.
* they are able to raise concerns with management and concerns are followed up by management, and actions and outcomes are discussed with them.
* they have raised a concern with management which had been investigated and management had apologised to them for the matters occurring.

The Assessment Team found management was able to demonstrate all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to management as necessary and an open disclosure process is used when things go wrong. Feedback and complaints are reviewed by management and result in continuous improvement activities. Open disclosure is part of the organisation’s Good Governance and Accountability framework.

Care staff interviewed by the Assessment Team said they report any feedback from consumers to nursing staff to follow through with consumers and/or representatives.

The Assessment Team observed Aged Rights Advocacy Service and Aged Care Commission complaints brochures available in the main reception area. The Assessment Team observed a consumer looking at this documentation.

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. The organisation has introduced a Consumer Survey program. Complaints received as a result of the survey are logged onto the service’s complaints log. Information from the surveys is followed up by the General manager and discussed at Resident Forums. Information on survey result outcomes is provided in the ‘Walkerville Post’ newsletter.

## 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

The Quality Standard is assessed as Compliant as five of the 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 and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they were complimentary regarding the care and services provided by the staff of the service and said that staff are available to support them.
* that staff respond to their call bells in a timely manner and assist them to maintain their independence.
* the service’s staff know what they are doing and that there are adequate staff to provide the required care.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. The service has introduced a new model of care which has improved the quality of care provided to consumers. The new module of care provides consistency of staff to provide care and assists with staff knowing the consumers in their neighbourhood.

Staff interviewed by the Assessment Team said they receive regular training and feel competent and supported to perform their roles. Staff said they have enough time to provide care to consumers and are supported to attend education sessions. Education is provided to meet mandatory requirements as well as service needs. Management said staff are provided with training and undertake competencies to confirm they have the skills to provide appropriate care to consumers. Staff confirmed they are provided with on-line or face-to-face training.

The Assessment Team observed staff interactions to be kind, caring and respectful.

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. The organisation has introduced a ‘shift bidding’ system which enables services to access a number of casual Allity staff to replace permanent staff on leave. Allity staff are familiar with the systems and processes and management said they can quickly settle. This reduced the use of agency staff.

## 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

The Quality Standard is assessed as Compliant as five of the five 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 the consumers and representatives during interviews with the Assessment Team:

* the service is well run and when they raise issues, management responds quickly and effectively.
* they are involved in the development, delivery and evaluation of care and services.

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 organisation has a Clinical Governance Section headed by a Quality and risk manager and Head of clinical governance and compliance. The section looks at risk, best practice, audits, and the National Quality Indicators, amongst other things. Clinical governance staff report to the Chief operations officer and the Chief executive officer.

The Assessment Team interviewed found the organisation undertakes Strategic Home Reviews and the Operations manager, together with the Director of operations, a representative from People and Culture and a non-Executive Board member, attend the service for a full day and meet with consumers and family members in the mornings to ascertain their views on the performance of the service, any improvements which can be made, good news stories and the leadership of the service. In the afternoons they hold meetings with staff. The results of the Strategic Home Reviews are tabled at Board meetings

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff. Staff said they have access to sufficient and up-to-date information to undertake their role. Information is available through handovers, meetings, emails and the service’s electronic care system.

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. The organisation has introduced a ‘Dashboard’ through which General managers monitor key financial budget items.

## 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.