Wisteria Lodge

Performance Report

261 Gilston Road   
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**Commission ID:** 5337

**Provider name:** Seventh-Day Adventist Aged Care (South Queensland) Ltd

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 25 February 2022

# Performance report prepared by

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers said they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke of consumers in a respectful manner and were aware of their personal circumstances and identities. Care planning documentation included information regarding consumers’ background, identity and cultural practices.

Consumers and their representatives indicated the care and services provided are culturally safe. Care planning documentation demonstrated the service has captured information regarding consumers’ religious, spiritual and cultural needs. Polices, procedures and staff training information reviewed by the Assessment Team outlined requirements for the delivery of culturally safe care.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff demonstrated a shared understanding of the preferences of consumers and could describe how they are supported to make informed choices about their care and services. A review of the consumer and representative meeting minutes by the Assessment Team identified that consumers are able to exercise choice and control and have the opportunity to participate in decision making regarding the delivery of care and services.

Consumers were encouraged to act independently, including taking risks which enabled them to live the best life they could. Assessments of risk-taking activities were evidenced to occur in consultation with consumers, representatives and health professionals.

Staff were able to describe their responsibilities for communication of information and otulined their strategies for keeping consumers informed. Consumers and representatives indicated they felt they were kept up to date by staff and that information is communicated in an effective manner. The Assessment Team observed staff interacting with consumers and providing information on scheduled activities and offering alternative meal choices. Information was displayed throughout the service notifying consumers, representatives and staff of the upcoming site audit, representatives were also informed via email.

Consumers confirmed their personal privacy preferences are met, including during interactions with staff. Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and keeping doors closed when providing personal care. Care planning documentation was observed to be stored securely to ensure confidentiality and computers used by staff were password protected.

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

The service demonstrated assessment and care planning processes that were implemented to inform the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the service’s assessment and planning process. Care planning documentation indicated that risks to consumers, such as falls, skin integrity, behaviours of concern and dietary requirements were accurately identified during the assessment and planning process and there were strategies in place to mitigate these risks.

Consumers and representatives advised that assessment and planning addressed the consumer’s needs, goals and preferences and indicated they had discussed end of life wishes with the service. Consistent with consumer and representative feedback, care planning documentation detailed consumers’ current needs, goals and preferences and included advance care planning information. Staff demonstrated a shared understanding of consumers’ needs and preferences and indicated they could consult with other staff or review care planning documents if they require further information.

Care planning documentation evidenced that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Staff were able to describe the referral process to allied health professionals, which involved the completion of a referral form and communication with the provider. Consumers and representatives stated that outcomes of assessment and planning are effectively communicated to them and care planning documents are available upon request.

In accordance with organisational policy, the service demonstrated care and services were reviewed every three months for effectiveness, when circumstances change or when incidents impacted the consumer. A consumer’s care planning documentation reflected regular review by the service in consultation with a medical officer and an allied health therapist following a deterioration in health.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives felt that consumer’s receive safe and effective care that is tailored to their needs and optimises their health and well-being. Staff demonstrated a shared understanding of consumer’s care needs; this information was consistent with care planning documentation. A review of care planning documentation further demonstrated that consumers are receiving safe and individualised care that optimises their health and well-being. However, the Assessment Team identified undocumented information for a consumer subject to chemical restraint. The progress notes for this consumer did not evidence the trial of alternate strategies prior to the use of chemical restraints. This issue was brought up with management, and it was determined through interviews with staff, management and the consumer’s representative that alternate strategies were trialled, albeit was not documented. Management advised they would reiterate to staff the importance of documenting these strategies properly within care planning records.

The service had processes in place to manage and monitor risks associated with the care of consumers. Staff were aware of the risks associated with the care of individual consumers and had strategies in place to mitigate those risks. Care planning documents demonstrated effective management of high impact or high prevalence risks, such as the management of falls, pain and behaviours of concern.

Consumers and representatives confirmed that the service had discussed end of life care and were confident that the service will support their goals and preferences. Staff described their role in recognising and addressing consumers requiring end of life care, such as pain and pressure area care management, emotional support and the importance of reporting any changes in the consumer’s condition. The end of life care plan for a recently deceased consumer evidenced that the service had identified the consumer’s needs, goals and preferences and included strategies for pain relief and maintaining comfort. Progress notes indicated that the service was in contact with the consumer’s family to discuss deteriorations in health as well as the passing of the consumer.

Deterioration or changes in a consumer’s health are recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff demonstrated a shared understanding of their responsibilities of how they recognised and responded to deterioration or changes in a consumer’s health.

Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals and are satisfied the consumer’s condition, needs and preferences are documented. Staff were able to describe how information is shared across the service and how changes are documented in handover notes. The Assessment Team observed the service’s shift handover and staff communicating changes consumer’s condition, and assessments and monitoring that is required on the next shift. Care planning documentation and progress notes confirmed the involvement and communication of information between consumers, representatives, staff, allied health professionals and other medical officers.

Consumers and representatives were satisfied that referrals to health professionals occurred in a timely manner and consumers have access to relevant external health professionals when required. Staff were able to describe the process for referral to health professionals and how the input of the health professionals informs the care and services for consumers. Care planning documentation demonstrated input is sought from allied health professionals and medical officers and their recommendations inform the delivery of safe and effective care for consumers.

The service had an antimicrobial stewardship policy that documents procedures to prevent the unnecessary or ineffective prescribing of antibiotics and to reduce risk of development of antibiotic resistance. The service had processes in place to prevent and control infection, including staff training on hand hygiene, cleaning processes and the appropriate use of Personal Protective Equipment (PPE). However, the Assessment Team observed some visitors and staff members not wearing face masks within the service. This issue was brought up with management and they advised a staff member will be at the entrance to the service to enforce mask requirements for staff and visitors. Furthermore, management will re-iterate the importance of wearing masks through staff communication.

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 expressed they received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being and quality of life. The Assessment Team observed consumers engaged in a range of individual and group activities held throughout the facility. Care planning documentation identified the needs, goals and preferences of consumers and included information regarding the types of preferred activities. Staff explained how the preferences of consumers, such as the leisure needs, religious beliefs, social and community ties and cultural traditions are initially captured so the service can best support the consumer’s quality of life and well-being.

Care planning documentation included information and strategies to support the emotional, spiritual and psychological wellbeing of consumers. Consumers provided examples of a range of supports the service offered that promoted their well-being, such as assistance to contact family members, counselling, one-on-one support with staff and access to faith leaders. Staff were able to explain how they identify a consumer that is experiencing a low mood and the strategies available to improve the consumer’s mood.

Staff demonstrated an understanding of the services and supports that assist each consumer to participate within and outside of the service environment, maintain social and personal relationships and do the things of interest to them. Consumers and representatives confirmed the service provides daily living supports that assist them to maintain social and personal relationships and participate within the community. Care planning documentation identified services and supports that were of importance to consumers, such as, spending time with friends and family outside of the service environment.The service demonstrated that information about each consumer’s condition, needs and preferences is communicated within the service and with others where responsibility for care is shared. Staff are kept informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handovers, progress notes and lifestyle notices.

Care planning documentation evidences the timely involvement of other organisations and providers of care. Staff were able to identify which external organisations or individuals assist to provide daily living supports to consumers.

Consumers and representatives provided generally positive feedback regarding the quality and quantity of the meals provided. Staff were aware of consumers’ needs and preferences and described how they accommodate dietary requirements; this information was consistent with consumers’ care planning documentation. The Assessment Team observed the kitchen environment to be clean, tidy and ahdered to food safety and infection control practices.

The service’s equipment was observed to be safe, suitable, clean and well maintained. Staff indicated that equipment is readily accessible when required and there is enough equipment available for consumers and staff.

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 said they felt that the service was welcoming, and they feel at home within the service environment. Consumers provided positive feedback regarding the calm and quiet nature of the service’s outdoor areas. The Assessment Team observed the facility to be designed in a manner that is easy for visitors and consumers to navigate.

The service was observed to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Management advised there are handrails, ramps and automated doors throughout the facility to assist consumers with limited mobility. Staff indicated they have appropriate access to supplies and equipment and demonstrated a shared understanding of the avenues for escalation if they require additional resources or if equipment requires maintenance.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. A review of the maintenance system, audits and hazard reports demonstrated there is regular scheduled and preventative maintenance of equipment to ensure safety.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints and felt safe in doing so. Staff could describe the avenues available for consumers and representatives if they wished to raise feedback or a complaint, this information was consistent with the understanding of consumers and representatives. The Assessment Team observed feedback forms and locked submission boxes available for use by consumers, representatives and staff. Management advised these boxes are checked regularly and ensured the confidentiality and anonymity of the complainant.

Consumers and representatives were aware they had access to advocates, language service and other methods for raising and resolving complaints, however they indicated they are comfortable with raising concerns directly with staff and management. Staff were aware they can access language, interpreter and advocacy services on behalf of the consumer and the assistance they can provide to consumers that are unable to complete feedback forms. The Assessment Team observed information and contact details regarding external advocacy and translation services to be displayed throughout the service.

Examples provided by management outlined the service’s response to feedback and complaints provided by consumers and representatives, these examples evidenced that appropriate and timely actions are taken to rectify issues, and the practice of open disclosure is applied. Consumers and representatives confirmed that management promptly and appropriately resolve their concern following an adverse incident.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers detailed their participation in the monthly consumer and representative meetings and advised they can raise compliments, complaints and general feedback regarding the care they receive with catering staff, care staff and management,

Management advised that information from complaints and feedback are used to make improvements to the safety and operations across the service. For example, in response to complaints about food, the service established a food focus group, where consumers can provide feedback directly to catering staff.

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 were satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. Consumers, representatives and staff indicated there are enough staff to meet the personal and clinical care needs of consumers in a timely manner. Staff confirmed they could seek support from other staff members and that senior clinical personnel were contactable at any time to offer guidance. To ensure sufficient staffing levels within the service, management advised the staffing roster is developed in advance and that agency staff are utilised to fulfil any positions that could not be fulfilled by regular rostered staff. A review of consumer call bell data by the Assessment Team identified that call bells answered outside of the service’s eight-minute response benchmark had been identified for review. Management advised that any trends identified from the call bell reviews will be discussed with the relevant staff member and at staff meetings.

The Assessment Team observed the workforce interacting with consumers and representatives in a kind, respectful and patient manner. Consumers indicated that staff are respectful of their preferences and identity. Staff demonstrated a shared understanding of consumer’s needs and preferences; this information was consistent with care planning documentation.

Staff indicated they have the necessary knowledge to perform their roles and have received appropriate training and support from the service. Consumers and representatives expressed that staff perform their roles effectively, and staff have the necessary knowledge, training and skills to meet their care needs. Position descriptions are maintained for different role types, which contain information regarding required qualifications and experience, competencies, position summary and required duties.

Staff were able to describe the training, support, professional development and supervision they received during orientation and on an ongoing basis. Staff indicated they were comfortable to raise requests for further training to management and felt confident their requests would be supported. Management advised they identify additional staff training needs through observations, review of clinical trends, staff performance appraisals and feedback from staff, consumers and representatives. The Assessment Team reviewed the service’s annual mandatory online training compliance report and it was identified that 96% of staff had completed the mandatory training program. This program covered matters such as elder abuse, safe food handling, workplace conduct and infection control.

The service regularly assesses, monitors and reviews the performance of staff through formal performance appraisals and informal monitoring and review. Management advised that staff performance appraisals occur annually and involve the staff member self-evaluating their performance and discussing their outcomes with their supervisor. Newer staff receive additional guidance and supervision from other staff and management in addition to three shifts paired with an existing staff member to familiarise themselves with the service and consumers.

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

Management and staff advised that consumers are actively engaged in the development, delivery and evaluation of care and services through consumer and representative meetings, food focus meetings, surveys and general feedback. A review of the consumer meeting minutes and complaints register by the Assessment Team demonstrated that consumers and representatives are encouraged and supported to provide feedback on care and service delivery and raise any concerns. Consumers and representatives stated that the service is well-run, and they are involved in the development and delivery of care and services. Consumers felt comfortable to provide their feedback and have noted substantial improvement within the service under the direction of new management.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery, as evidenced by the service’s risk management policy, regular engagement with staff and consumers and review of daily operations. The Board advised that as a result of reviewing complaint trends and feedback from consumers regarding the quality of food, the service has actively engaged with consumers, representatives and a dietician to review the food and dining services to improve the experience for all consumers.

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

The organisation had implemented risk and incident management systems and practices to identify, report, prevent and manage risks and incidents. The service provided a document risk management framework, including policies describing risks associated with the care on consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best lives. Staff demonstrated an understanding of these policies and could provide practical examples of their relevance to their work and responsibilities.

The service demonstrated a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure practices. Staff were aware of these polices and could provide examples how these policies are applied in practice.

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.