Arcare Nirvana Avenue

Performance Report

408 Waverley Road
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**Commission ID:** 4564

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 26 April 2022 to 29 April 2022

**Date of Performance Report:** 7 June 2022

# Performance report prepared by

Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 30 May 2022.

# 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

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

### Consumers and representatives advised the consumers were treated with dignity, respect, and described how their identity, culture and diversity was valued as staff called them by their preferred names and consumers of Jewish, German and Chinese cultural heritage are supported to celebrate cultural events of significance to them. Consumers said they are supported to maintain connections and relationships with family or friends through visits within and external to the service. Consumers said staff gave them information about possible risks, so they could make informed choices and undertake activities, such as eating foods outside their required diet and going for walks independently, that allowed them to live their best life. Consumers and representatives advised they are provided with information to assist them in making choices about their care and lifestyle, including current events occurring inside the service, meal selections, daily activities, and access to health professionals. Consumers and representatives said consumers have their privacy respected by staff and felt their individual preferences were implemented.

The organisation’s policy’s included consumer respect, choice, and diversity, and outlined staff responsibility in assuring consumers are treated with respect and their dignity upheld. The organisation maintains policies and procedures to guide staff in the protection of consumers’ privacy and provided staff training on the topic.

Care planning documentation captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences, it reflected how consumers were supported to exercise choice and independence, who their nominated representatives or points of contact were and how they wished to maintain relationships of importance to them.

Staff could demonstrate their familiarity with consumer’s personal circumstances, life journey and described how they supported consumers individual preferences for care delivery, celebratory days, dining preferences and how they like things completed within their routines. Staff advised they communicate with consumers who may have difficulty communicating verbally, by using facial expressions, body language, cue cards and translators so that they are able to make choices about their care. Staff were able to describe how they respected consumers’ privacy and provided examples of ways in which certain consumers preferred their privacy needs to be met such as knocking and requesting permission to enter before entering a consumer’s room. Staff advised computers are password protected and ensure they are logged out after use.

The Assessment Team observed consumers exercising choice and preference in alignment with their care plan, staff greeting consumers and their family members with familiarity, interacting respectfully and at a pace that demonstrated they valued the consumer’s response and requests. Staff generally, implemented practices to ensure consumer privacy was respected including knocking on doors and seeking permission to enter or attending to consumers discretely when in communal areas.

Information regarding menus, activity schedules, minutes of consumer meetings and other notices was displayed throughout each area of the service to communicate current information to consumers and representatives. A copy of the activity schedule was also available in consumer rooms.

Based on the evidence summarised above, I find the service to be Compliant with Standard 1; Consumer dignity and choice.

**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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and their representatives stated they participated in the assessment and care planning process on entry and at regular intervals, are involved in case conferences and have an opportunity to discuss aspects of care, services and supports for the consumer, including if any changes in needs or preferences occur. Consumers and representatives advised they had been consulted about end-of-life planning and felt the service would respect their choices if their preferences changed. Consumers and representatives confirmed staff explain information about the consumer’s care and services and they had access to the consumer’s care planning documentation during case conferences and if they requested a copy.

Care documentation demonstrated the outcomes of assessment and planning to determine consumer’s needs for communication, pain management, skin integrity, behaviour management, restrictive practices, nutrition, hydration and mobility are captured in a care and service plan. Care documentation showed assessments highlighted risks to the consumer’s health and wellbeing with strategies to minimise the risk identified. Care plans included directives and input from other health professionals such as wound care specialists. Care documentation was reviewed every 3 months, in response to incidents and demonstrated changes to consumer’s condition, needs and preferences were documented.

Staff described how the assessment and care planning process identifies consumers’ goals, needs and preferences that inform the care and service plan development and delivery of care. Staff access electronic care planning systems to generate care documentation. Staff described the process to review identified consumer risks and incidents, to identify trends, initiate referrals and ensure all those involved in the consumer’s care are consulted. Staff advised consumers who wished to complete an advance care or end of life plan do so and those who do not wish to complete this document have indicated this preference, and this has been respected by the service.

During the site audit staff were observed to share information regarding the outcome of assessments and planning, including changes in consumer’s goals, needs and preferences through a verbal handover at the commencement of each shift.

The organisation has developed policies, procedures, and guidelines in regard to assessment and planning, including end of life planning and care plan reviews, to guide staff practice.

Based on the evidence summarised above, I find the service to be Compliant with Standard 2 Ongoing assessment and planning with consumers.

## 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives said consumers received personal and clinical care that was safe, effective, and tailored to their needs. Representatives advised staff knew the consumer’s needs and provided appropriate care. Consumers and representatives were confident when the consumer needed end of life care, their needs and preferences would be supported by the service. Representatives also indicated consumers were able to see their own medical officers or health professionals should they choose. Consumer representatives said they felt information was effectively communicated between staff as staff know of consumer’s needs and preferences. Consumers and representatives confirmed the service has kept them informed of COVID related infection control practices.

Staff stated they access policies and procedures to support their delivery of best practice personal and clinical care, described the high impact or high prevalence risks to consumers as being falls, weight loss and behaviour management with strategies included to guide staff on the management of these risks. Staff demonstrated a shared understanding of their roles and responsibilities in recognising deterioration, escalating changes, and supporting consumers nearing the end of their life including managing any pain and their comfort levels.

Staff described how changes in consumers’ care can initiate referrals to other health professionals and confirmed changes in consumer needs are communicated through meetings, verbal/documented handover processes and through alerts on the electronic care documentation system. Clinical staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensured they are used appropriately. Staff described strategies implemented to reduce transmission of infections including maintaining a clean environment, use of personal protective equipment (PPE) to reduce the risk of contamination and isolating consumers who show signs of respiratory infection.

Care documentation identified consumers individual needs, preferences and strategies to minimise any high impact and high prevalence risks associated with consumers who experience falls, behaviours, pain, or swallowing difficulties. Care planning documentation included referrals to clinical staff, medical and allied health professionals for review. Care documentation showed deterioration or change of a consumer’s mental health, physical or cognitive function, capacity or condition was identified, responded to in a timely manner and relatives were notified the consumer had experienced a clinical incident, was transferred to, or had returned from hospital or a change in medication had been ordered.

The organisation has policies, procedures, and tools in place to support the delivery of care provided, in relation to restrictive practices, pressure injury prevention and pain management. An outbreak management plan is available to guide staff in the event of an infectious outbreak and clinical incidents are recorded, tracked and trended to inform clinical care improvements for individual consumers and in general.

The Assessment Team observed hand washing stations, hand sanitiser and staff were wearing N-95 masks and face shields.

Based on the evidence summarised above, I find the service to be Compliant with Standard 3; Personal care and clinical 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 COMPLIANTServices 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives stated consumers’ emotional, spiritual, and psychological needs were supported by the service. Consumers and representatives said they felt there was effective communication throughout the service, as staff were aware of what they liked, disliked and staff listened to them. Consumers and representatives said they felt consumers were supported to participate in lifestyle activities that interest them, which optimised their quality of life and consumers were encouraged to engage with their families and friends. Consumers and representatives advised consumers have access to support from external organisations, such as lifestyle supports, for younger consumers who have a disability. Consumers said they were happy with the quantity of food offered but provided mixed feedback about the quality and variety of the meals provided. Consumers indicated the standard of cleaning and maintenance of equipment, such as mobility aids, was good.

Staff demonstrated their knowledge of the consumers as they were able to advise, without reference to documentation, the consumer’s likes, dislikes, preferences for family/social support, even their favourite movies or songs. Staff could describe the way they supported the needs of the consumers, such as listening to what the consumers need and confirmed there was time at the beginning of each shift to allow for handover of any changes to consumer needs. Staff described the methods used to gather feedback on the leisure program that informed future events and activities.

Care planning documentation included information about the services and supports consumers required to help them do the things they want to do, their support needs and preferences. Care documentation demonstrated the service had sought and captured individualised information as it related to consumers’ religious, spiritual, and cultural needs and personal preferences.

The Assessment Team observed clinical and care staff exchange information updating each other on changes affecting consumers service and support needs.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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

The Quality Standard is assessed as Compliant as 3 of the 3 specific requirements have been assessed as Compliant.

Overall consumers considered they belonged in the service, felt safe and the service environment was comfortable describing it to ‘feel like home’. Consumers said they could easily access indoor and outdoor areas, are provided with spaces to spend time alone or engage with others, visit with their family and friends are supported and they like the floor plan. Most consumers expressed the furniture, fittings and equipment are safe, clean, well maintained, and suitable for them.

The service provided a well organised and easy to understand environment, the design incorporated dementia enabling principles allowing consumers to enjoy nature, move around independently and have access to things that were important to them including potted plants, designed by consumer’s during a gardening activity. The environment was observed to be welcoming, pleasant and spacious, safe, and clear of hazards.

The service has preventative and corrective maintenance systems with a communication log used to report and monitor the completion of any maintenance issues. Staff demonstrated they were aware of maintenance system processes and advised they undertake periodic checks to inspect the service environment and equipment to identify emerging concerns

## Based on the evidence summarised above, I find the service to be Compliant with Standard 5; Organisations service environment

## 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 4 of the 4 specific requirements have been assessed as Compliant.

### Consumers and representatives said they felt safe and were encouraged to give feedback or to make complaints about the service including anonymously or with the assistance of staff and are provided with regular information about the feedback processes available. Consumers and representatives described the service as responsive to the feedback and could give examples of changes implemented because of feedback and complaints such as the introduction of the monthly food focus group and were confident feedback was used to improve the quality of care and services.

Staff said consumers and representatives are shown the location of the feedback forms and submission boxes on entry to the service, are regularly reminded of the location and purpose of the feedback forms to encourage use. Additionally, consumers and representatives had opportunities to provide verbal feedback during regular case conferences and monthly meetings. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints. Staff and management were able to describe the process that is followed, including offering an immediate apology, when feedback or a complaint is received, how this is actioned in consultation with the consumer and the escalation pathway, if investigation and follow up were required by clinical personnel and management.

The service maintains a complaint register, which outlined all complaints in detail, actions taken, relevant monitoring or documentation, and outcome of the complaint. The service’s continuous improvement plan also incorporates feedback and actions from audits and meetings. Consumer and staff meeting minutes demonstrated complaints and feedback are discussed at each meeting, and actions taken by the service were evaluated with consumer input sought at the time.

### The Assessment Team observed written materials, such as a handbook, feedback forms, brochures and posters were displayed throughout the service, all of which provided information regarding internal feedback and complaints processes, and contact information for external assistance from the Commission, advocacy and translation services.

In response to minor deficiencies, identified by the Assessment Team, the Approved Provider’s response included documentation to support the service has undertaken immediate, or has planned, continuous improvement actions, which also demonstrated feedback is used to improve the delivery of care, services and governance systems.

Based on the evidence summarised above, I find the service to be Compliant with Standard 6; Feedback and complaints

## 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Most consumers confirmed they receive quality care and services, when they need it from staff who are knowledgeable, capable, and caring. Consumers expressed they felt staff were respectful, kind and worked hard to ensure they fulfilled consumers’ needs. Consumers and representatives expressed there were enough staff to meet the consumer’s needs and stated consumer’s calls for assistance were responded to promptly. Consumers felt confident staff were skilled to meet their needs.

Staff interviewed generally provided positive feedback in relation to the sufficiency of workforce allocation and confirmed a recruitment strategy is being used to fill vacant positions. Staff confirmed they have access to a range of training through online and face to face mediums with topics confirmed to include the Quality Standards, reporting incidents, hand hygiene and manual handling. Staff confirmed their performance is reviewed regularly and an incentive program has been introduced to recognise excellence in staff performance.

Throughout the site audit the staff were observed treating the consumers with kindness and their interactions demonstrated respect for the consumer’s identity, culture and diversity.

The service has policies and procedures to govern the workforce which include position descriptions, an orientation checklist and scheduled mandatory training. A register is used to monitor staff completion of qualification checks, mandatory training, competency assessments and performance appraisals. A checklist is used to ensure orientation is undertaken with both, new or agency staff, with additional support provided to new staff by registered staff.

Based on the evidence summarised above, I find the service to be Compliant with Standard 7; Human resources

## 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers said the organisation is well run and they were partners in improving care and service delivery. Consumers provided examples of how they were engaged in discussions about improvement initiatives through consumer meetings, food focus groups, and individual meetings with the Residence Manager.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care by informing potential and existing consumers and representatives about their rights under the Quality Standards. The organisation gathered data from consumer feedback and incidents related to consumer safety, analysed trends and developed continuous improvement plans to address emerging issues in the development, delivery and evaluation of care and services.

The organisation had effective governance systems in place as opportunities for continuous improvement were identified, actioned with financial and workforce matters suitably addressed. Systems to ensure regulatory compliance was maintained included monitoring of any regulatory changes and communicating these through regular staff meetings and education. Staff indicated they have access to the information they need, and communication with management is effective. Feedback and complaints are captured, and appropriate action is taken, which also contributes to improvement initiatives and outcomes.

The service has a documented risk management framework, staff could demonstrate their understanding of the framework and their role in ensuring consumers health and safety. The service’s risk assessment and treatment schedule addresses risks and how to respond to these risks.

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, open disclosure, and the minimisation of restrictive practices. The service’s management team was able to demonstrate their understanding of key risk related areas and how they monitored and managed risk.

Based on the evidence summarised above, I find the service to be Compliant with Standard 8 Organisational governance

## Assessment of Standard 8

### 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.