Bethany Aged Care Plus Centre

Performance Report

2-6 Gray Street   
PORT MACQUARIE NSW 2444  
Phone number: 02 6583 7600

**Commission ID:** 2723

**Provider name:** The Salvation Army (NSW) Property Trust

**Site Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 5 May 2022

# Performance report prepared by

G. Cherry, 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 conducted 5-7 April 2022; 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 did not submit a response to the Site Audit report.
* information received from members of the community.
* Monitoring Assessment Contact record dated 26 August 2021 and the provider’s response dated and received on 20 September 2021.

# 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

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, have input into their care, make informed choices about their care and services and are supported to take risks to enable them to live the life they choose. Consumers felt supported to maintain independence and relationships of choice and expressed satisfaction staff treat them as individuals in a kind, friendly manner, and encourage/support them to participate in activities of their choice, both within and external to the service.

Consumers declare care and services are delivered demonstrating respect of their culture, diversity, background and life history. They said staff discuss risks associated with their choices and gave several examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives consider they are kept informed of changes to care and services and receive information to enable consumers to make decisions.

The Assessment Team observed staff interacting with consumers in a friendly and respectful manner, affording privacy when care is being delivered and respectfully ensuring discussions relating to consumer care is not conducted within communal areas. Care staff described consumers personal life history, culture and how these aspects are considered when providing culturally safe care and services for consumers from diverse backgrounds. Staff demonstrated knowledge of consumers’ backgrounds and preferences that influence the day-to-day delivery of care.

Management and staff consistently communicated about consumers demonstrating respect, knowledge of their individuality and an understanding of consumers right to make choices. Registered staff gave examples of supporting consumers to make informed choices through engagement and consultation during assessment and care and services planning processes. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others.

Documented policies and guidance support this requirement, including policies on the consumers right to make informed choices, clinical risk which includes dignity of risk, cultural safety, diversity and inclusion, open disclosure, privacy and confidentiality. Emotional wellbeing needs are assessed for all consumers and pastoral care is offered to all. A range of activities initiated by the chaplain provides emotional and spiritual support and consumers are supported to attend religious services within the community.

Care planning documents evidenced staff thorough knowledge of consumer’s cultural and spiritual diversity, personal choices and preferences, consultation with consumers, their authorised representatives and the involvement of families. Risk assessments are completed with consumer input. Documentation is stored in a confidential manner and electronic records are 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

Overall, the service demonstrates a partnership approach with consumers and/or representative to involve them in assessment and care planning. Sampled consumers consider the service involves them or their nominated representative in initial and ongoing planning of their care and services, including end of life choices. Consumers and representatives said they are through conversations and meetings, on a regular ongoing basis, when incidents occur and/or consumers’ needs change. They consider staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Sampled consumers and representatives consider they are included and informed of outcomes of assessment and care and services planning, they have access to care plan documentation and medical officers, specialists and other health professionals are included in this process.

Clinical and care staff described the assessment, care and services planning and review processes and how staff involve consumers and others where required. Staff demonstrated access to care planning documentation and advised of verbal handover at the commencement of each shift. Clinical risk assessments are completed. Analysis of clinical indicators result in action plans where required. Senior clinicians described the process to review identified consumer risks and incidents, to identify trends, initiate referrals and ensure consultation with all involved in consumer’s care.

The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities, gave examples of training relevant to their position, awareness of incident reporting processes which may lead to reassessment and gave of positive consumer outcomes.

The Assessment Team reviewed assessment, care and services planning documentation, including advanced care plans/end of life plans and identified reviews and case conferencing meetings are regularly completed, including when consumer’s needs change and/or incidents occur, with input from consumers and others of their choice. Care planning documents are individualised and contain information relative to risks to each consumer’s health and wellbeing and detail agreed strategies to mitigate risk. Documentation reflects involvement by consumers, their representatives, medical officers, specialists and other allied health professionals.

Documented policies and guidance support staff in providing appropriate care relevant to this Standard.

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

Sampled consumers consider they receive quality care and services in a timely manner, from staff who are knowledgeable and capable. The service demonstrated consumer care was safe, clinical staff manage consumer’s specific clinical needs, appropriate action is taken to deterioration in consumer’s health and regular medical officer and/or specialist review occurs in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs and are confident clinical staff, specialists and medical officers implement appropriate clinical care needs. Consumers said staff know their care needs, they are well cared for and expressed confidence in the organisation’s ability to manage infections and/or an infectious outbreak.

Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure their comfort is maximised and dignity maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life. Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to guide them in delivering clinical care that is best practice, individualised and tailored to consumer’s specific needs.

Documentation review demonstrated care provided is in line with best practice guidelines and tailored to consumer’s needs. Assessments and care and service plans are linked to best practice models of care and include a range of risk-based assessments. The service identifies high-impact/ high-prevalence risk through the assessment process and document individualised strategies for effective management of risks. A restraint and protective assistance process reference legislative requirements and outlines organisational commitment to minimising restrictive practices and regular medical officer review to confirm currency.

Clinical and care staff demonstrate knowledge of sampled consumer’s personal and clinical needs plus strategies for management and minimisation of risks, such as falls, weight loss, pain and behavioural management, choice of activities are effectively managed. Clinical staff demonstrated an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of improved consumer outcomes. Staff are trained in the process for reporting incidents and escalating concerns.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are referred to specialists and allied health services in a timely manner, directives are implemented and monitored for effectiveness. Reviewed care plans detailed individualised care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to a range of specialists and health professionals. Clinical incidents contribute to monthly clinical indicators which are reviewed and data used to inform improvement.

There are organisational systems to manage infection control prevention including a dedicated Infection Prevention Control (IPC) lead, an Outbreak Management Program and staff education and training. Staff demonstrated understanding of infection control and antimicrobial stewardship principles. The Assessment Team observed sufficient supply of personal protective equipment available in all areas, including entry points and staff adhering to appropriate hygiene practices in line with current Health directive.

Policies and procedures guide staff in the provision of care relating to this Standard.

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

Sampled consumers consider they receive services and support to daily living activities important for their health and well-being and enable them to do things they want. The service has a range of methods for ensuring consumers provide input into the care and services of choice which are important to their needs, goals and preferences.

Consumers and representatives expressed positive feedback in relation to staff supporting consumers to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual services are available in varying formats; there is a variety and sufficiency of foods they like and staff have an awareness of their food preferences and dietary needs. Consumers/representatives said the activity schedules are varied and adequate to meet consumers’ needs and preferences, and the service involves other individuals and external organisations to supplement the activities schedule where required or beneficial to consumers. They expressed satisfaction with the cleanliness of well-maintained equipment.

Staff interviewed demonstrated knowledge of consumer’s individual preferences/needs and described services and supports to assist independence. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service and described services and supports to promote emotional, spiritual and psychological wellbeing. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. Lifestyle staff explained the service’s lifestyle program takes into consideration consumers who have varying levels of functional/cognitive ability, and the program caters to include consumers in activities of choice including those who prefer not to participate in group events.

Management and staff described emotional, spiritual and psychological services and supports provided in various ways including, facilitating participation in external religious congregations, social support through volunteers and community visitor scheme, pet and doll therapy, chapel and one on one support.

Care planning documentation detailed information relevant to consumer’s needs including life history, spiritual, emotional and psychological needs and preferences, family, social connections and days of significance. Care planning documentation detailed dietary preferences and needs. Policies and procedures guide staff in the provision of care relating to this Standard.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service, staff providing support as needed. Consumers were engaged in activities and meals, music performances and a bus outing for a meal at a local restaurant. Lifestyle officers and chaplain were observed providing one on one engagement to consumers who did not participate in group activities whilst group activities were occurring. The Assessment Team observed lifestyle and leisure supports and equipment to be clean, well-maintained, safe and suitable to the needs of the consumer cohort.

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

Sampled consumers consider they belong and feel safe and comfortable within the service and are generally not disturbed by other consumers or staff. Consumers expressed a range of feedback including they feel at home, visitors are welcomed, there are several areas available to interact with others. They advised of satisfaction with cleaning of the environment and equipment, the design of furniture and fittings which assists independence, adds to their comfort and they find the environment easy to navigate including accessing outside areas of choice.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding equipment use. The environment maximises support for consumer’s independence and safety via wide, well-lit, unobstructed corridors and clear signage. Communal areas are decorated with furniture, fittings and artwork chosen by consumers, historical photographs are displayed on the ‘walk down memory lane’ wall and a memorial wall is maintained in the secret garden. Consumers’ rooms are identified by name, number and personalised pictures and consumers were observed utilising the well-maintained outdoor area known as the ‘secret garden’.

The Assessment Team observed signage throughout, strategies to support consumers to independently mobilise, appropriate lighting and signage and external pathways free of obstruction/hazards. Consumers can freely access outdoor areas and were observed utilising communal areas and leaving the service for social outings.

There is a preventative and responsive maintenance program, a cleaning program and a system to ensure appropriate stocks of goods and equipment.

Policies and procedures guide staff in the provision of care relating to this Standard.

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

Sampled consumers and their representatives consider they are encouraged and supported to give feedback and complaints, and appropriate, timely action is taken in response. There are several mechanisms to capture feedback and complaints and to inform improvement within the service.

Consumers provided a range of feedback including, confidence in making complaints and familiar of ways in which to do so, are confident feedback is used to improve services and gave examples of prompt response and resolution. Consumers described management and staff as approachable, encouraging and understanding when issues are raised. Consumers said they are encouraged and supported to participate in the development, delivery and evaluation of care and services through consumer meetings, food forums, feedback and complaint mechanisms, surveys, individual assessment and care planning.

Staff gave examples of how to manage consumer or representative feedback and advised of education and training in relation to these topics. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements the open disclosure processes.

Policies and procedures guide staff in the provision of care relating to this Standard. Feedback and complaints are reviewed and analysed for trends at a local and organisation level and outcomes utilised to improve quality of care and services. There is information for consumers and representatives regarding language services, advocates and external modes of complaints management which is displayed throughout the service.

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

Sampled consumers consider they receive quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and gentle when providing care, have established positive relationships and they feel safe when staff are assisting them. Some consumers provided feedback the service would benefit from more staff, however, could not recall circumstances that prevented staff from assisting with care. The Assessment Team observed staff interacting with consumers in a friendly and respectful manner, respectfully affording privacy when delivering care.

Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff advised on occasion there is difficulty in replacing unplanned leave, however, acknowledged recent improvement and advised they generally complete required tasks and respond to consumers’ needs.

Management demonstrated staff are required to have qualifications specific to the role before appointment and provide orientation and training relevant to the services process and the consumer cohort and core competencies and capabilities are required for differing roles. Documentation detailed staff registrations are current and are reviewed annually.

Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards, changes in legislative requirements and relevant competencies for designated roles. Policies and procedures guide staff in the provision of care relating to this Standard.

Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role. There are systems for the regular assessment, monitoring and review of staff performance.

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

Sampled consumers expressed satisfaction and confidence the service is well-managed, and they can partnership in care and services. The organisational governing body ensures consumers and representatives are engaged in aspects of the business relating to consumer care. A person-centred care framework includes the vision and purpose for staff to develop a culture of person-centred care and continuous improvement.

Effective governance systems relating to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and reporting pathway is evident. The service has effective governance systems which are developed by the governing body and the executive team. Communication of policies and procedures are available to the workforce through active engagement by the executive team. Staff received structured training and education and resources are accessible to guide staff in the delivery of safe, quality care and services.

Board member involvement in the overarching running of the service was evident as the governance frameworks ensure involvement and accountable. The governing body and the executive team are proactive in seeking and listening to consumers concerns and taking action to implement improvements. Incident reports, audits and surveys are used to identify opportunities for continuous improvements. The clinical governance framework includes the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure. The governing body promotes a culture of inclusivity and quality through utilising its vision, code and principles to ensure staff share common values and culture.

The service demonstrated examples of consumer and representative engagement in decisions relating to care and services and the implementation of continuous improvement. Examples of recent Board approved improvements were demonstrated. Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, clinical and risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, incidents and feedback are used to drive continuous improvement and there is a process for the governing body to monitor compliance with the Quality Standards. They observed documentation in relation to the organisation’s clinical governance and risk management frameworks.

Policies and procedures guide staff in the provision of care relating The Quality Standards. The Assessment Team noted some organisational policies and processes in relation to correct identification of restrictive practices were not following the current guidelines; the organisation sought immediate rectification.

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.