Boyne Russell House

Performance Report

184-186 Victoria Street
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**Commission ID:** 4466

**Provider name:** Melbourne Health

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

**Date of Performance Report:** 29 April 2022

# Performance report prepared by

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# 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 28 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and representatives sampled confirmed they are always treated with respect and dignity, Consumers reported their background, culture, interests, religion/spirituality, lifestyle choices and preferences were always respected and accommodated without discrimination. Consumers advised staff demonstrate awareness of their individual preferences and provide care and services aligned to those needs. Consumers advised they are supported to live the life they choose including a level of independence and are provided with information and options in how care and services are provided to them, providing examples of this in action including risk taking activities such as smoking. Consumers and representatives confirmed their personal relationships were identified, respected, and encouraged. Consumers and representatives confirmed consumer privacy is always maintained by staff.

Staff sampled were able to describe various examples of Consumers diversity and showed respect and understanding when discussing with the assessment team. The assessment team observed Staff interacting with Consumers in a caring and respectful manner. Staff gave specific examples of how they support Consumer’s diversity and gave examples of actions they take to achieve this, including use of language assistance technology, or providing television programs from other nationalities. Staff spoke as to how they provide information to Consumers to provide dignity of choice and to support them to make informed choices about their care delivery. Staff provided examples of how information is shared within the service to ensure Consumers individual needs and wants are known and accommodated including handover notes and meetings as well as care planning documentation. Staff gave examples of how they respect Consumer’s privacy through practices such as knocking before entering a consumer’s room as well as using private spaces when attending to Consumers’ needs.

The organisation demonstrated to the assessment team in various ways how they promote an inclusive environment centred on consumers and embracing diversity. The organisation presented care planning documents, training programs and policy documents showing how they not only provide support to staff to provide care and services appropriate to individual consumers but also include the Consumer in the process, so their diversity is known and catered for. Care planning documentation reviewed by the assessment shows how the Organisation facilitates Consumers to engage in risk and how they support these activities to occur. Where they may be a difference in views regarding delivery of care or services the Organisation demonstrated sound practices of resolution capability. Information and options for different activities or events for Consumers were observed in various forms in the service, included posters, rosters and through verbal reminders by staff. The organisation has policies and strategies to protect consumers personal information, the assessment team observed good practices in action whilst on site such as ‘do not disturb’ signage and appropriate conversations with consumers prior to helping.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

 *Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and representatives reported their care planning is well designed and tailored to their individual needs. Consumers and representatives advised they felt part of the ongoing assessment and planning process for care and services and as a result felt confident and safe in the service. Consumers and representatives advised end of life considerations had been discussed with them, and, as required can make their preferences known to staff. Consumers confirmed they were actively encouraged to review care plans as needed, including support to understand coordination of other health providers where appropriate. Consumers and their representatives advised the assessment team they can access their care planning documents at any time and understood how the plans were tailored to them and meet their individual goals and preferences. Consumers voiced their satisfaction with communication from the service regarding all changes or updates to their care plans advising they were kept well informed.

Staff interviewed by the assessment team described the care planning process and how it informs their practices in providing safe and effective care. Staff demonstrated an understanding of the individual needs, goals and preferences for Consumers including their choices for end-of-life planning. Staff Interviewed also spoke to the advanced care planning process and the process of discussing this with Consumer upon admission and at other times including when the Consumers condition deteriorates. Staff reported to the assessment team of how they tailor service and care delivery to the Consumers needs and preferences including managing risk and involving other health professionals in their care. Staff described how outcomes of care planning are documented and are kept on the electronic care system, staff confirmed consumers can access these files as they wish. Staff confirmed information about Consumers care requirements is shared effectively amongst staff through handover meetings, progress notes, and care plan reviews.

The organisation shows it provides training and resources for staff to ensure they can make assessments of consumers; the organisation has shown it has multiple policies and procedures to guide staff in the assessment process including the provision of assessment tools and systems to guide them in their work. The organisation maintains an electronic care management system allowing for documents and other records to managed effectively including access for staff and consumers. The policies and procedures in place show how the organisation incorporates outside health professionals in the care needs for consumers as well as ensuring information and updates are shared across the appropriate staff.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and representatives interviewed reported they felt the care and services delivered to them to be best practice, tailored to their individual needs, and planned to optimise their health and well-being. Consumers confirmed they have access to specialist medical officers should they need it. Representatives were able to provide examples to the assessment team of how the service reviews and identifies changes in a Consumer’s condition and provides timely and appropriate responses. Consumers and their representatives reported they felt the service handles high risk matters effectively and efficiently. Consumers confirmed they observe staff using good infection control practices such as hand washing and cleaning processes.

Staff interviewed by the assessment team identified the policies and procedures informing them how to provide care and services effectively and safe for consumers. Staff confirmed they have access to appropriate documents easily and can engage with other medical staff as required including for advice and escalation of issues. Staff identified various external medical professionals who provide care to consumers collaboratively with the service. Staff confirmed their roles and responsibilities in managing high risk impacts and high-risk prevalence within the service including showing understanding of the relevant policies and procedures. Staff could describe end of life procedures including pain and comfort management practices. Sampled staff were able to outline the processes for reporting changes in Consumer’s condition to allow for a timely and effective response. Sampled staff gave examples of how and when information flows between staff within the service and other relevant parties, such as handover meetings, progress notes, and care planning documents. Staff confirmed they were trained in infection control, including identification and response to infection risks.

The assessment team observed the service has policies, tools, and guidelines in place to support staff in their delivery of care. As an example, policies, procedures, and guidelines in relation to restraint, nutrition and hydration, sensory loss management, and a pain management policy to guide staff practice. The assessment team were provided with documentation demonstrating review procedures and results of reviews in the delivery of care and audits conducted regarding trends and analysis of high risk within the service. The organisation gave examples of the tools it uses to manage risk including the Falls Risk Assessment Tool and its own clinical risk register, as well as policies and procedures for managing high risk. The assessment team viewed the Palliative Care policy which includes end of life care. The organisation maintains policies and procedures for dealing with changes in a Consumer’s condition including qualified staff availability for consultation and escalation as needed. Care documentation sighted by the assessment team showed notes of external medical personnel being involved in care for consumers. The assessment team observed multiple policies and procedures in place covering infection control including outbreak management, staff training records, COVID-19 considerations and register of vaccinations as well as others.

### 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

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

Sampled consumers reported they were supported to do things of interest to them, including participating in activities or by doing things independently and how this promotes their health and wellbeing. Consumers advised they had input into what activities were organised and were comfortable in providing suggestions and feedback as needed. Consumers advised they were encouraged to maintain and foster new relationships with people important to them both inside and outside the service. Consumers confirmed the activities provided were of a varied nature and included culturally and spiritually important things to them. The consumers and representatives reported staff knew what their needs and preferences are, without the need for them to remind them each time or when new staff are caring for them. Consumers reported the food provided is of good quality and meets their dietary needs, menu options are flexible, and they can order alternatives if they wish. Consumers reported equipment within the service is safe, suitable, and clean.

Staff were able to describe to the assessment team examples of different activities various consumers liked to participate in. Staff showed their understanding of how important it is for care plans to reflect their needs and preferences of Consumers. Staff could provide examples of how the staff support consumers in identifying what their needs and preferences are so activities can be organised appropriately including the use of external organisations as required. Staff also demonstrated how they encourage consumers to maintain relationships with important people to them, through encouraging visitors and use of technology to maintain contact. Staff interviewed described how they share information and are kept informed regarding Consumer’s condition, needs and preferences. Staff gave examples such as the electronic care planning system, handover meetings and progress notes. Hospitality staff advised how they maintain quality and variation with meals being delivered. Staff interviewed could describe how they manage personal choices including gathering feedback from Consumers regarding the meals offered. Staff confirmed equipment is regularly maintained and checked for faults, staff advised they were familiar with how to report issues with equipment as needed.

The organisation maintains record keeping practices which allow for Consumer’s needs, Goals, and preferences to be documented and readily available for staff and others to be informed as to how care and services should be delivered to each Consumer. The documents reviewed by the assessment team show Consumers can involve other people in their care planning as well as having a say in how their care and services are delivered. The organisation maintains an electronic care management system which can be easily updated and provides regular review scheduling for Consumer’s care planning. The organisation demonstrated any incidents are appropriately managed and continuous improvement such as the feedback regarding meal service is captured and acted upon. Other documentation observed by the assessment team demonstrated the organisation provides activities and delivers services in line with Consumers emotional, spiritual, and psychological needs. Care planning documentation observed by the assessment team showed examples of how the organisation ensures social and other connections to community are maintained and supported. Examples included engagement with NDIS services and organising a consumer to watch Chinese television with his wife when she visits him. The care planning documentation for Consumers has information for staff to guide them in delivering care and to also be aware of any risks associated with consumers activities such as smoking. The electronic care management system is widely accessible and contains sufficient information to assist staff and others providing care including the use of external providers as needed. The organisation maintains processes and procedures for consumers to be involved in the planning of menus and have opportunities to provide feedback regarding meals. The organisation maintains guidelines and processes for ensuring equipment is safe, clean, and maintained to a high standard.

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

Consumers reported they feel comfortable and safe in the service, feel they belong, and visitors are welcomed at every opportunity. Consumers advised they can move about freely within the service and enjoy the areas available to them. Consumers advised the environment is safe and well maintained, any equipment available for use is in good order. Consumers provided examples of how they can personalise their rooms and how they can easily navigate their way around the service including the garden areas.

Staff interviewed described the environmental features of the service and how these compliment Consumers in their daily socialisation and relaxation. Staff advised they seek feedback from Consumers for ways to make them comfortable and feel at home in the service. The facility manager was able to describe the maintenance program within the service including maintenance checks and unscheduled repairs processes. Management did highlight the call bell system was not producing automated reports, but this would be rectified within six weeks. Staff confirmed furniture and fittings are in good order and regularly checked for suitability.

The organisation has used design elements to provide a welcoming and safe place for Consumers. The organisation has policies and processes in place to capture feedback from Consumers to constantly seek improvement ideas. The layout of the service allows for consumers to easily navigate their own way around the service and gives them access to areas such as the garden or communal spaces. The organisation supports to consumers to personalise their rooms and this was observed by the assessment team. The organisation was able to demonstrate processes are in place to ensure the service environment is safe, clean, well maintained.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives confirmed they are supported and encouraged to provide feedback or making a complaint to the service. Consumers and representatives confirmed their knowledge of the various processes they can use to do this including verbally to staff, via written feedback form, or through an advocate if they wish. Consumers advised they felt comfortable their feedback or complaint would be listened to and actioned appropriately. Consumers advised information about feedback and making complaints is freely available within the service including written pamphlets in various languages spoken by consumers.

Staff interviewed by the assessment team described the various ways in which they support consumers and their representatives to provide feedback and make complaints examples included encouraging the use of the forms available or raising issues at the regular resident’s meetings. Staff advised they have an awareness of consumers who may need assistance in providing feedback and provide them with assistance such as language services or engaging an advocate/ representative. Staff were able to explain the open disclosure concept and how they use this in the feedback and complaints process. Staff identified various outcomes from complaints and feedback received these included introducing headphones for televisions so not to disturb other residents at night, introducing privacy cards for door handles to increase consumers privacy and personal space and bringing in ‘takeaway’ food at various times.

The organisation demonstrated to the assessment team it has policies and processes in place effectively support the provision of feedback and complaints within the service. The organisation provides resources and training for staff in how to support consumers to be comfortable and confident in the process of giving feedback and making a complaint. The assessment team observed posters, feedback forms, pamphlets and other information about feedback and complaints in the service these included advocacy services available and were produced in ways accessible to all consumers. The organisation maintains a register and records outcomes from feedback and complaints received, a system which promotes continuous improvement and informs training needs for staff.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

Consumers and their representatives interviewed confirmed the staff care for them and deliver services to them in a caring and respectful way. Consumers advised they are confident and comfortable with the skill and expertise of staff to provide care and services to them. Consumers reported staff have enough time to do their job properly, although at times they did appear very busy however this did not cause any issues for consumers. Consumers provided examples of where their own specific needs were understood and accommodated by staff without consumers needing to remind them.

Staff interviewed by the assessment team reported they have enough time to do their job properly and to a high standard. Staff were observed by the assessment team providing care to consumers in a dignified and respectful manner. Staff confirmed the training provided to them both upon commencement and ongoing training available. Staff reported they felt suitably qualified and competent to provide care and services to consumers. Staff confirmed they participate in performance reviews on annual basis, and these are current at the time of audit. Staff advised they can participate in ad hoc training as required and can provide input to management regarding types of training they feel is needed.

The organisation demonstrated through documentation provided to the assessment team it maintains a roster showing sufficiency of staff including the exclusive use of either enrolled or registered nurses. The organisation was able to outline how it manages staff shortages with access to additional staff as required. The organisation demonstrates recruitment of suitably experienced and qualified staff including details of mandatory training completed upon commencement of employment. The assessment team viewed documentation relating to Staff performance reviews, all staff were engaged in annual performance reviews with currency shown. The organisation maintains reviews of staff and conducts regular and ad hoc training as needed including staff requested training.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Sampled consumers and representatives advised they felt the service was well managed. Consumers said they were happy with their level of engagement into decision making around issues such as development, delivery and evaluation of care and services. Consumers provided examples of consultation including regular consumer meetings, providing feedback to management and general discussions.

Staff described the ways in which consumers are involved in decision making:

* Consumer meetings, which are held monthly at the service.
* Feedback forms, which encompass the internal complaints and compliments mechanism available to consumers and representatives.
* Discussions with consumers and representatives during case conferences.
* Consumer experience surveys.

Staff confirmed they have access to information as required to ensure effective and appropriate care is delivered including access to care planning documents and high-risk management documentation. Staff demonstrated sound knowledge of risk minimisation strategies and their role in this. Staff were able to speak to dignity if risk and how they support consumers to live their best life by providing information to them for inform decision making and monitoring and evaluating risk. Staff were aware of legislative requirements around reporting of incidents and ‘near-misses’. Staff advised the assessment team of training provided to them on infection control, minimising the use of restrictive practices and the discouraging of overuse of antibiotics. Staff demonstrated a good understanding of open disclosure and describe circumstances when it was put in practice.

The organisation has established processes to support the following:

* Consumer’s engagement in development, delivery and evaluation of care and services.
* A culture of safe, inclusive and quality care and services with accountability.
* A framework for clinical governance aiming for continual improvement including the roles and responsibilities, performance monitoring, reporting and measuring improvements.
* Effective risk management strategy and practices.
* Feedback and complaints mechanisms and ensuring follow up and consultation.

The organisation provides accountability via structure, the service is governed by a board who meet monthly to review monitor performance of the service including compliance with policies, procedures, and legislative requirements, this ensures delivery of safe, inclusive, and quality care and services. The organisation demonstrated there are effective governance systems in place which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. The organisation was able to provide examples to the assessment of improvements were made in the last six months because of consumer feedback, experience, and complaints. The service demonstrated its clinical governance framework supports clinical care practice and how clinical care practice is governed by policies for antimicrobial stewardship, restrictive practices, and open disclosure.

## 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.