Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Catholic Healthcare Lewisham Nursing Home |
| Service address: | 1B Thomas Street LEWISHAM NSW 2049 |
| Commission ID: | 2674 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 18 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Catholic Healthcare Lewisham Nursing Home (**the service**) has been prepared by Katrina Sharwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received 12 April 2023.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Information relied on by the Assessment Team to support these findings includes the following. Consumers report that they feel safe, that their dignity is respected, and that their personal choices are acknowledged and supported. Interactions between the staff and consumers were observed to be respectful. Staff could describe how they treat consumers with respect by acknowledging their choices, respecting their religion and knocking before they enter their room. Staff were aware of consumers who were from different cultures and could explain how this influenced their care and services. The service provides culturally safe care and services. Each consumer’s cultural, spiritual and individual needs were identified and documented in their care plan upon their admission to the service. Consumers and representatives stated they are given a choice about when care is provided, and that their choices are respected. Care planning documents identify the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. Evidence showed that the service allowed consumers to have control and choices over the care that they receive, even when the choices involve risks. The service performs risk assessments for consumers who wish to take risks. The service supports the consumers to understand the risks and work with the consumers to minimise the potential harm associated with the risks. All decisions regarding risk are documented in the consumers’ care plans. Staff were able to demonstrate they are aware of the risks taken by consumers, and said they support the consumers’ wishes to take risks to live the way they choose. Consumers and representatives report that they are kept updated by management on any changes via the service’s quarterly newsletter which is e-mailed to representatives and hard copies provided to the consumers. The Assessment Team observed information was available to consumers in a clear and easy to understand way to support decision making.

The Assessment Team considered evidence from the interviews with sampled consumers and representatives, staff and management, observations and reviewed documentation and found that the service is

* Demonstrating an understanding of what is important to each consumer, particularly for consumers from diverse backgrounds, and tailoring their care accordingly.
* Supporting consumers to exercise choice in relation to care services, independence and risk-taking activities such as smoking, self-wheeling themselves in the wheelchair and eating a normal diet instead of a modified diet to enable them to lead the best life they can.
* Taking action to support relationships that are important to consumers, such supporting family visits.
* Ensuring consumers feel respected and valued as individuals.
* Providing a culturally safe environment.

In the absence of a response from the Service to dispute the evidence of the Assessment team, I am persuaded that the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Information relied on by the Assessment Team to support these findings includes the following. The service was able to demonstrate that the assessment and planning process considers risks to each consumer’s health and well-being. Consumers and representatives interviewed said that they receive the care and services they need, and they are involved and have a say in care planning processes. Staff were able to describe the care planning process in detail, how it informs the delivery of care and services and how the consumers and representatives are involved in the process. Consumer care plans include input from relevant healthcare professionals, including the consumer’s doctor, allied health professionals and other health care providers that contribute to providing safe and effective care and services. Consumer care planning documentation reviewed identified and addressed the consumer's current needs, goals and preferences, including advance care directive (ACD) and end of life (EOL) planning if the consumer wishes. Consumers and representatives said staff involve them in the assessment and planning of care for the consumer through regular conversations with clinical staff or management, either in person, by telephone or at case conferences. Consumers and representatives said that staff speak to them regularly about their care needs and about their EOL wishes in detail if they wish. The service was able to demonstrate that they partner with consumers and others who consumers wish to involve in the planning and assessment of care. Care planning documentation showed evidence of care conferences, and the involvement of a diverse range of external providers and services in consumer care, such as GPs, medical specialists, physiotherapists, speech pathologists, podiatrists and dietitians. The service also refers consumers to external specialised local health services such as the Community Older Person Mental Health Team (OPMH) and community palliative care team. Consumers were able to explain who was involved in their care and were confident that their care needs were being met. Clinical staff described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives face to face or over the telephone. The service was able to demonstrate that the outcomes of assessment and planning are effectively communicated to the consumers and representatives and documented in a care and services plan that is readily available to the consumer and to those who are involved in their care. Consumers and representatives interviewed said they feel the service maintains good communication with them, particularly around changes in care and health status, and said that staff explain things to them clearly and clarify clinical matters if needed. Clinical staff explained how they update families who regularly visit and contact families who are not able to visit over the telephone.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Using the electronic care management system (ECMS) for care assessments, planning and monitoring, and undertaking assessment and care planning in partnership with the consumer and their representatives.
* Guided by organisational clinical policies, procedures and tools and involves a diverse range of health professionals and external specialised services to ensure effective and collaborative care planning.
* Ensuring that the information in the care plans is current, relevant, and has sufficient information to provide guidance for staff through a three-monthly care plan review, and as required. The assessment and care plan development process identifies consumers’ needs, goals, and preferences and ensures that staff have an awareness of what care and services are important to consumers.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Information relied on by the Assessment Team to support these findings includes the following. Consumers and representatives said that they are getting care that is safe and right for them, that their care is consistent with their needs and preferences, and that the care provided supports their health and well-being. Clinical and care staff interviewed demonstrated they understand the individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers reflect individualised care that is safe and tailored to their needs. The service has policies, procedures and systems for safe and effective care and delivers care according to consumers’ needs, goals and preferences. The service demonstrated that identified high-impact and high-prevalence risks are effectively managed through monthly clinical indicator monitoring (falls, pressure injury, infection, skin integrity issues, weight loss and medication incidents), review of trends and implementation of suitable risk mitigation strategies for individual consumers. The RNs were able to describe the high-impact and high-prevalence risks for consumers at the service. Consumers and representatives interviewed said they felt that the service is providing safe and effective care, and managing risks to consumers' health, particularly for falls, wounds and COVID-19. Care planning documentation sampled identified individual consumers’ key risks and effective strategies were in place to manage identified risks and were recorded in care plans and progress notes. There is evidence that discussion regarding advance care directives is regularly conducted and, where appropriate, EOL plans. Care documentation contains information on consumers’ ACDs in line with the consumer’s end of life care needs, goals, and preferences. Staff were able to describe how they support consumers who are approaching EOL and the importance of attending to the mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity during EOL care. Nursing management informed families that they are welcomed and encouraged to be present throughout the end-of-life care of the consumer. The service was able to demonstrate that changes in a consumer’s capacity or condition are recognised and responded to in a timely manner. Consumers and representatives said that the staff are responsive when they report any changes in consumers’ conditions. Consumer records show that changes in consumers’ care needs are recognised and responded to in a timely manner. The ‘Recognition and Management of Clinical Deterioration’ policy provides guidance on processes for responding to deterioration or changes in a consumer’s condition, health, or abilities. Care planning documentation and progress notes sampled showed evidence of identification of, and response to, deterioration or changes in consumers’ conditions. Clinical staff explained how changes in consumers’ conditions would be discussed during handovers and clinical care meetings, prompting a GP review and hospital transfer if needed, and a subsequent review of care planning documentation. Consumers and representatives interviewed said the service coordinates their personal or clinical care well, they are regularly updated and their personal or clinical care is consistent. Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing the care plans via the ECMS and the communication book. Clinical staff described how accurate, up-to-date, and relevant information is shared with other health care professionals as consumers move between care settings and receive care from external service providers. The GPs and allied health professionals have access to view and document consumer records via the ECMS. Consumer care and service plans show evidence of updates, reviews and communication alerts, and clinical handover sheets contain current and accurate information relating to consumer care. The service was able to demonstrate that referrals to other providers or organisations are timely and appropriate. Care planning documentation and progress notes sampled confirm referral and consultation of others service providers, such as allied health professionals (physiotherapist, dietician, speech pathologist, podiatrist etc), local health community services such as OPMH, community palliative care team and Dementia Support Australia (DSA). Consumers said that the service has referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. Clinical management advised that the service is supported by a physiotherapist who visit three days a week, occupational therapist twice a week and the podiatrist visit every four to six weeks. The service has policies and procedures to guide staff related to antimicrobial stewardship, hand hygiene and infection control management, such as the Antimicrobial Stewardship policy and Infection Control manual. Consumers and representatives interviewed said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The service has appointed several IPC leads and has an Outbreak Management Plan that provides guidance to staff for the management of a COVID-19 outbreak and other infectious outbreaks and outbreak kits. Training records showed and staff confirmed they have received training in infection minimisation strategies and antimicrobial stewardship. Staff were able to demonstrate an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program and records are maintained for influenza and COVID-19 vaccinations.

On balance, when I consider all evidence before me, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The Assessment Team were satisfied that consumers are included in developing their own lifestyle plan. Consumers said they were very happy with the range of activities offered, and all interviewed were very complimentary of the lifestyle team and activities. Many varied activities, which were developed in consultation with the consumers, were occurring during the Site Audit and were well attended. Cultural and spiritual activities and days of significance were included in the planning. Most consumers report they are happy with the variety, size and taste of meals; however, the service has been responding to complaints about the quality of meals which arrive at the service daily through cook chill at another service. Snacks and fluids are offered between meals, and consumers can choose to eat at any time. Some consumers were satisfied with the laundry service, however, there has been some items of personal laundry misplaced. Consumers all agreed that the service was clean and well maintained.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Assisting consumers to do the things they like to do and supporting them to maintain social and emotional connections with those who are important to them.
* Providing a range of group or one-to-one leisure and lifestyle activities that are planned for consumers to participate in, are of interest to them and to that optimise their quality of life.
* Providing a safe and homelike environment where meals meet individual’s needs and preferences and where furnishings and equipment are clean, well maintained, safe and suitable for consumers.
* Providing care and services in a way that enables consumers to optimise their independence, health, well-being and quality of life.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The front entrance is open and a keypad locked main entrance is in direct view of the administration officer. Clear and colour coded maps and directional signs are displayed throughout the service that clearly identifies areas of interest to both visitors and consumers. Consumers said that even though their rooms are small they can personalise their room by bringing furniture and personal possessions. They said that the service monitors the condition of the heritage listed buildings. Staff were able to describe how consumers are supported to make the service feel like home, and how they support consumers to maintain independence and individuality. Consumers were observed moving freely around the service, in the loungerooms and the covered outdoor patio area on level two. The service was observed to be clean and well maintained. Consumers and representatives report that all areas of the service are cleaned well and maintenance is attended to in a timely manner. The service was observed to be warm and welcoming with many indoor and outdoor seating and recreational areas. The service has a range of furniture and equipment throughout the service. Staff said that they have access to sufficient, well maintained equipment needed for consumer care. Consumers said that equipment is well maintained and clean. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Making sure that the environment is safe, clean, well maintained, and comfortable through established cleaning and maintenance systems, and the design enables consumers to move freely, both indoors and outdoors.
* Providing a service environment that welcoming and easy to understand, and that helps to make consumers feel at home, remain as independent as possible, and facilitates interaction and function.
* Supplying equipment furniture, fittings and equipment that is safe, clean, well maintained, and suitable for consumers

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

They were persuaded by feedback from sampled consumers/representatives who said they feel encouraged, safe and supported to provide feedback and make complaints, and they are able to do so anonymously or with the assistance of staff. Interviewed staff were able to describe the avenues for consumers/representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer/representative raise an issue with them directly. The service has processes and systems in place for consumers, representatives, visitors and staff to provide feedback or make a complaint, and these are included in the improvement process. Consumers and representatives sampled said although they are aware of other avenues for raising a complaint (such as through the Aged Care Quality and Safety Commission or through an advocate), they are comfortable raising concerns with management and staff at first instance and will escalate their complaint accordingly if it is not resolved to their satisfaction. Staff and management were able to discuss the external avenues available for consumers to raise concerns, which included advocacy services and were able to describe how they would assist consumers who have a cognitive impairment and difficulty communicating. Consumers and representatives said management respond promptly and seek to resolve their concerns after they make a complaint. Staff have received education on the management of complaints and were able to describe the process that is followed when complaints or feedback is received. Staff said they direct consumer and representative complaints to the relevant management and log it into the electronic complaints management system. Staff and management have received training on, and demonstrated an understanding of, the principles of open disclosure. Consumers and representatives sampled said they were confident that management used feedback to make improvements wherever they could. Management and staff were able to describe examples of changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services. Review of documentation showed incident data and feedback is used to improve service delivery.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Recognising consumers’ right to raise concerns and make complaints, with consumers and representatives able to demonstrate their understanding of the internal and external feedback and complaints mechanisms available to them, including advocacy support. Consumer/representatives feel safe and supported to make complaints and were confident that actions would be taken to resolve it.
* Able to demonstrate that management and staff have a shared understanding of the principles of open disclosure, and when an open disclosure process is to be applied.
* Welcoming and supporting consumers/representatives to provide feedback and make complaints, and these are used to continually improve the care and services provided to consumers. Processes are also in place to ensure that consumers/representatives are involved in the implementation and evaluation of improvement actions.
* Able to provide documented policies and procedures that guide staff in the management of feedback, complaints, and compliments. Feedback forms named ‘tell us what you think’ and feedback boxes are available for use by consumers, representatives and staff.

Based on this evidence, and that the Service does not dispute the finding of the Assessment Team, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that Consumers and staff were satisfied with staff numbers. Also, that the service utilises their co- located hostel staff and as a last option agency staff on occasion if they cannot fill shifts with employees, agency staff are offered a comprehensive orientation. The service monitors staff performance and provides ongoing mandatory and targeted training programs. The service actively works to attract and retain appropriately qualified staff and promote within the service where appropriate. Position descriptions and duties lists guide practice.

Based on this evidence, and considering that the Service agrees with the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

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

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The team were satisfied by the evidence from interviews with consumers, representatives, staff and management, together with observations and review of documentation, that the service is:

* Adequately engaging consumers in the development, delivery and evaluation of care and services and supporting consumers in that engagement.
* Promoting a culture of safe, inclusive, and quality care and services and being accountable for its delivery.
* Providing adequate organisation-wide governance systems relating to key areas such as continuous improvement, regulatory compliance, and workforce governance.
* Providing a clinical governance system that includes monitoring antimicrobial stewardship, restrictive practices, and the use of open disclosure.

Based on this evidence, and considering that the Service did not dispute the findings of the Assessment Team, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)