Performance

Report

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| Name of service: | Crossley House Hostel Inc |
| Service address: | 14 Nicol Street YARRAM VIC 3971 |
| Commission ID: | 3091 |
| Approved provider: | Yarram & District Health Service |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 29 May 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 Crossley House Hostel Inc (**the service**) has been prepared by S Byers, 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

# Assessment summary

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| 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

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| 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

Consumers were satisfied they are treated with dignity and respect, and their care is inclusive and personalised. Staff demonstrated an understanding of individual consumers, including their backgrounds, culture, preferences and choices, and described how it influences their approach to care delivery. Staff feedback aligned with consumer care documentation. The service demonstrated it has policies in place on culture, diversity, equality, and inclusion that guide staff practice. Training records demonstrated staff have completed diversity and inclusion training.

Consumers said they are supported to exercise choice, make decisions about their care and services, and maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships of choice, including intimate relationships. Care documentation detailed how consumers wish their care to be delivered and who they wish to be involved.

Consumers said they felt supported by staff to engage in activities that may involve an element of risk. Care files detailed consultations and discussions of risk. Staff described how discussions are used to support consumers to make informed decisions. The service has policies and procedures in place to guide consumers in decision making and to maintain their independence.

Consumers and representatives expressed satisfaction that information is current, accurate, timely and communicated in a way that is clear and easy to understand. The Assessment Team observed weekly activity schedules in communal areas and in consumers’ rooms. Staff were observed informing consumers about upcoming activities for the day, and meal options for the following day.

Consumers were satisfied their privacy is respected. Staff demonstrated understanding of confidentiality of information and described how consumer information is protected. Staff were observed knocking on consumers doors before entering, and offices and the nurses’ station were locked with a keypad. Staff have completed privacy and confidentiality training, and the service has privacy policies in place to guide staff practice.

# Standard 2

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| 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 service was found Non-compliant in Standard 2 in relation to Requirements 2(3)(a) and 2(3)(e) following a desk assessment contact in October 2021 where it was unable to demonstrate:

* Consumers were identified and assessed for risks during the admission process.
* Reviews were conducted following a change to the consumers condition or care needs.

At the April 2023 Site Audit, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Care planning documents reflected risks are considered and risk assessments are completed. All consumer files sampled contained a risk care plan, containing outcomes of risk assessments. Staff members described the suite of risk assessment tools available to them and demonstrated knowledge of individual consumers’ risks and mitigation strategies to inform delivery of care. The service has implemented a respite admission checklist outlining assessments and risk scales required to be completed on admission. Care file review of respite consumers evidenced the service had completed risk assessments in accordance with the respite admission checklist. Staff have completed education in strengthened admission processes and risk based assessment and care planning.

Consumer care documents demonstrated review, reassessment and evaluation of consumer needs, goals and preferences following an incident or change in health status. Consumer care files demonstrated monthly and 3 monthly reviews are completed by clinical staff and reviewed by clinical management. All consumers sampled had a comprehensive care plan review completed by clinical staff or the nurse unit manager in consultation with the consumer and/or their representative. Clinical staff confirmed completing relevant education in assessment and monitoring.

Based on the available evidence, I find Requirements 2(3)(a) and 2(3)(e) are Compliant.

I am satisfied the remaining three requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

Consumers and representatives expressed satisfaction that care and services are planned according to the needs, goals, and preferences of the consumer, including advance care plans. Staff described how end of life planning begins prior to, and upon entering the service. End of life planning documents included a palliative care plan and an advance care plan, in which end of life wishes were reflected for the consumer.

Most consumers and representatives confirmed their involvement and others they wish to include in the assessment and care planning process. Staff and management described the involvement of specialists or other providers of care and how the collaboration informs delivery of care. Assessments and care planning documentation demonstrated partnership with consumers and representatives in the initial development and following regular reviews or changes that occur.

Consumer care files contained a comprehensive and personalised care plan, and a summary care plan in an easy-to-understand format. All consumers and representatives described being informed of assessment outcomes. Staff described how they access care plans electronically and explained how care plans are discussed with consumers and representatives during the monthly resident of the day review or following changes to the consumers’ condition.

# Standard 3

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| 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 service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a desk assessment contact in October 2021 where it was unable to demonstrate:

* Consumers received clinical care that was best practice and tailored to their care needs, including wound management, pain management and restrictive practices.

At the April 2023 Site Audit, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

Consumers and representatives were satisfied the provision of personal and clinical care meets the consumer’s needs and preferences. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services. Wound care documentation reflected wound management in line with the consumer’s wound management plan. Pain management documentation and charting demonstrated pain is assessed and managed effectively with prescribed medications, and supported by non-pharmacological interventions. Consumers subject to restrictive practices had behaviour support plans in place, with evidence of informed consent and ongoing medical review. Staff demonstrated a sound knowledge of each consumer’s care needs that aligned with the consumers assessed care needs. Staff have received training in wound management, pain management, psychotropic medication and behaviour management plans.

Based on the available evidence, I find Requirement 3(3)(a) is Compliant.

I am satisfied the remaining six requirements of Standard 3 Personal and clinical care are Compliant:

Consumers and representatives expressed satisfaction that risks are effectively managed within the service. Consumer files demonstrated that high impact high prevalence risks are effectively identified, and risk mitigation strategies are developed and implemented. Management and staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise the risk. The service has policies and procedures in place to guide staff practice in the management and mitigation of high impact and high prevalence risks.

Care planning documentation demonstrated the service delivers care to consumers who are nearing end of life in line with their needs and preferences. Staff demonstrated an understanding of palliative care and described external services and resources available to them. The service has policies and procedures that guide the provision of palliative care.

Consumers and representatives expressed satisfaction with the service’s response to a change or deterioration in the consumer’s condition. Care documentation reflected appropriate actions in response to a change in the consumers health. Staff described how deterioration or changes are identified, actioned, escalated, and communicated. The service has policies and procedures in place to guide staff practice in the timely identification and response to consumer deterioration.

Consumers and representatives expressed satisfaction consumer needs and preferences are communicated effectively in a timely manner. Consumer files provided information about the consumer and their condition, needs, goals and preferences, including assessments, care plans, progress notes, medication charts and correspondence from external specialists or providers of care. Staff described communication mechanisms and displayed knowledge of the needs and preferences of the consumers.

Consumers and representatives were satisfied access and referral to a medical officer, allied health professionals and other external specialists are available, when required. Care documents reflected timely and appropriate referrals to individuals and other providers of care. Staff and management described the services processes for referrals and provided specific examples.

Consumers and representatives expressed satisfaction with the actions the service takes for the prevention, control and management of infections and outbreaks. Staff demonstrated a thorough understanding of infection prevention and control practices and antimicrobial stewardship. The service has appointed an Infection Prevention and Control Lead. The service has in place a suite of policies and practices including an outbreak management plan to guide staff practice. The service maintains a screening process for visitors and contractors prior to entry, including evidence of a negative rapid antigen test and temperature checking. The Assessment Team observed staff complying with personal protective equipment (PPE) requirements and following infection control practices.

# Standard 4

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| 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

Consumers said the service supports them to undertake activities that optimise their independence, health, and well-being. Staff described supports available to consumers’, including meditation and exercise classes. Care files reflected the consumer’s likes and preferences for lifestyle, independence, and participation. Lifestyle staff described how they develop the activity schedule through suggestions and feedback from consumers from the ‘resident and relative’ meetings and focus groups. The Assessment Team observed consumers participating in individual and group activities of their choice during the Site Audit.

Consumers were satisfied staff support their emotional, spiritual, and psychological well-being, providing positive feedback about the meditation sessions offered by the service. Lifestyle staff said they are available 5 days a week to provide support to consumers, including a variety of scheduled lifestyle activities, and one to one visits.

Consumers said they are supported and encouraged to do things of interest to them and to participate in activities inside and outside the service as they choose. Consumers provided positive feedback about feeling involved in the community. Staff described familial and personal relationships of importance to consumers, and how they support consumers to participate in the community. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

The service demonstrated that it has systems and processes for communicating and documenting information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. Consumers expressed satisfaction with the level of communication and that staff were aware of their individual needs and preferences.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other care and service to enhance the lifestyle of consumers. Staff described access to external organisations providing examples of external volunteer programs, pastoral services, and ex-service organisations. Consumer documentation confirmed the involvement of a range of external providers.

Consumers expressed satisfaction with the variety and quality of meals at the service. Most meals are prepared on site except for texture modified meals and fortified desserts, to ensure nutritional requirements are met. The menu is created with input from a registered dietitian. Management said consumers have input into menu planning and food choices through the monthly residents meeting and the food focus survey. Staff demonstrated understanding of individual consumer’s dietary requirements and preferences and this aligned with consumer care documents and documented information observed in the kitchen.

Consumers said they felt safe using the equipment, it was easily accessible and suited to their needs. Consumers provided positive feedback that equipment is repaired or replaced promptly. Staff said they had appropriate and sufficient equipment to enable them to do their job effectively, and described maintenance processes. Equipment was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| 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

Consumers said they feel at home and comfortable living at the service, and were satisfied the environment is easy to navigate. The service was observed to be light filled and welcoming, with several communal areas inside and outside. Pictures were observed on consumers’ doors, with their name and room number to assist with navigation.

Consumers were satisfied the service environment is safe and clean, and they could move freely inside and outside. Maintenance staff described the preventative and reactive maintenance systems and schedules. Cleaning staff described the cleaning schedule including regular cleaning of communal areas and detailed cleaning of consumers rooms. The service environment was observed to be clean and clutter free, with equipment stored away. Consumers were observed socialising in internal communal areas and enjoying the garden areas.

Staff said they have suitable equipment to enable them to do their job effectively, and described how shared equipment is cleaned between use. While the Assessment Team found most furniture, fittings, and equipment were observed to be safe, in good condition, fit for purpose, and clean, the services hydronic heaters were identified to be hot to touch. In response to feedback, management immediately rectified the issue during the Site Audit by reducing the temperature, installing heat guards and implementing an electronic schedule for temperature checking.

# Standard 6

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| 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

Consumers said they felt encouraged and supported to provide feedback and make complaints, and were aware of external complaints mechanisms. Management described how consumers and representatives are encouraged to provide feedback through resident meetings or directly with staff or management. Staff demonstrated awareness of advocacy and language services, and described how they would support consumers to access these services. The service demonstrated it has a complaints management policy to guide staff practice. Advocacy and external complaints information was observed readily accessible and on display throughout the service.

Consumers were satisfied that appropriate and timely actions are taken in response to complaints. While staff were unfamiliar with the term open disclosure, they demonstrated understanding of the principles in practice and described how they inform and apologise to consumers and representatives when things go wrong. Complaints documentation demonstrated that complaints and feedback are addressed in a timely manner, and outcomes are discussed with consumers directly or through resident meetings, and open disclosure is embedded in the organisation’s risk management system.

Consumers expressed satisfaction that their feedback is used to improve care and services. Complaints documentation, meeting minutes and the services Plan for Continuous Improvement demonstrated that feedback and complaints are addressed and used to inform continuous improvement. Staff provided examples of improvements to care and services that were driven by consumer feedback.

# Standard 7

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| 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

Consumers expressed satisfaction with the availability of staff and call bell response times. Staff provided positive feedback there are sufficient numbers of staff to enable them to perform their duties. Clinical staff confirmed they are able to complete their duties, and that late-notice shift vacancies are filled. Roster documentation demonstrated a registered nurse is available 24 hours each day and that most shifts are filled, including unplanned leave. Management described strategies to ensure the registered nurse allocation is filled, through sharing workforce with the collocated service or onsite acute or urgent care departments. Call bell reports demonstrated call bells are responded to in a timely manner.

Consumers and representatives expressed satisfaction that staff interact in a kind and caring manner. Consumer feedback aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers during the Site Audit. The service has policies and procedures in place to promote and support consumers’ culture and diversity.

Consumers and representatives were satisfied that staff are competent, and suitably recruited, trained and equipped to support their care needs. Staff expressed satisfaction with training opportunities and confirmed participating in mandatory training. Documentation demonstrated staff have relevant qualifications to their role, and that competencies are monitored. Human resource management policies and procedures support recruitment and training to enable the workforce to deliver safe and quality outcomes to consumers. Management described the services recruitment processes.

The service demonstrated it has policies and procedures in place to monitor and review staff performance. Management demonstrated how staff performance is assessed, monitored, and reviewed. Staff explained how they actively engage with the organisation’s annual performance appraisal process, and how they use this process to identify training needs or professional development opportunities.

# Standard 8

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| 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 service was found Non-compliant in Standard 8 in relation to Requirements 8(3)(c), 8(3)(d), 8(3)(e) following a desk assessment contact in October 2021 where it was unable to demonstrate:

* Effective information management and continuous improvement governance systems.
* Effective risk management systems and practices.
* Effective clinical governance framework in relation to restrictive practices.

At the April 2023 Site Audit, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous assessment contact.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. The service demonstrated it has reviewed and implemented strengthened resident of the day and admission processes to ensure appropriate risk assessments are completed. The organisations electronic medication management system has been updated to improve transfer of information into the electronic care file system. Staff confirmed they can access information about consumers when they need it, and that information about consumers is relevant and current. Management described how continuous improvement actions are identified through incidents, feedback, trending analysis, as well as shared learnings from the organisation’s other service areas such as urgent care. The organisation’s Plan for Continuous Improvement provides a structure to address areas of improvement, with monitoring and evaluation of each action embedded in the plan.

The organisation reviewed its risk management systems and report structures and as a result introduced an over-arching integrated risk management system. The service has introduced new processes to generate trending reports, work plans, and internal audits. The reports are used to identify, monitor, and report risk from key committees such as the medication advisory committee through to the Board level. The service demonstrated the new risk management protocols have been embedded into existing processes. All staff confirmed they have received education in relation to abuse and incident reporting, and demonstrated knowledge of their responsibilities in line with their position. Staff feedback and documentation demonstrated that staff are consistently identifying, responding to and mitigating high-impact and high-prevalence risks.

The organisation demonstrated it has a clinical governance framework which provides an overarching monitoring system for clinical care. The framework is supported by antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. The service has embedded processes to ensure oversight of restrictive practices. Staff feedback and documentation demonstrated staff understand the principles of trialling non-pharmaceutical alternatives prior to the administration of as required psychotropic medications. Informed consent is clearly documented in the service’s psychotropic register for all consumers, with further information recorded in progress notes. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

Based on the available evidence, I find Requirements 8(3)(c), 8(3)(d), 8(3)(e) are Compliant.

I am satisfied the remaining two requirements of Standard 8 Organisational governance are Compliant:

Consumers and representatives were satisfied they are engaged in the development, delivery and evaluation of care and services. Representatives provided examples of attending resident meetings. Meeting minutes demonstrated that meetings are well-attended by consumers and representatives, who are encouraged to actively engage in discussions about feedback, complaints and continuous improvement activities.

Consumers and representatives said they feel safe living at the service and live in an inclusive environment with the provision of quality care and services. The Board is supported by established committees and reporting mechanisms to ensure accountability in the delivery of quality care and services.

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