Eldercare Sash Ferguson

Performance Report

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**Commission ID:** 6120

**Provider name:** Eldercare Australia Ltd

**Site Audit date:** 26 July 2022 to 28 July 2022

**Date of Performance Report:** 29 August 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 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; and
* the provider’s response to the Site Audit report received on 19 August 2022, indicating acceptance of the Assessment Team’s findings.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose.

Consumers said staff are kind, respectful and supportive of their identity, culture and diversity. Staff were observed to be knowledgeable of consumers’ personal history, cultural background, preferences and things of importance to them. Staff spoke about, and were observed interacting with, consumers in respectful and compassionate manner.

Care planning documents included individualised information about each sampled consumer, including preferences for care and aspects of their lives which are important to maintain their identity, culture and diversity. Staff provided examples of consumers who have developed special bonds with staff and volunteers, due to their shared cultures or backgrounds. Staff said that while the service makes an effort to celebrate key cultural events, they support consumers who choose not to participate due to their culture and beliefs.

Consumers are supported to exercise choice and independence in relation to when they are assisted with personal care, what they would like for meals, preferred activities, and are encouraged to maintain their independence. Staff described how they engage with consumers to facilitate choice and independence, and how they support consumers to maintain relationships.

Consumers felt supported to take risks. Where a consumer chooses to undertake an activity that involves an element of risk, mitigation strategies are implemented and reviewed regularly for effectiveness. Staff were knowledgeable about risks associated with consumers’ choices.

Information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers and staff said consumers receive information through various channels, including verbally, public addresses, Resident meetings, newsletters, menus, noticeboards and the Welcome pack.

Consumers confirmed their privacy is respected and provided examples of how staff are mindful of their dignity when providing care. Consumer information was observed to be secured in nurses’ stations and locked offices, and consumers’ doors were closed with ‘care in progress’ tags visible whilst care was being delivered.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care planning documentation showed comprehensive assessment and planning that included consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. On entry, assessments are undertaken to identify risk and guide staff in the delivery of safe and effective care and services. These include, but are not limited to, communication, skin, nutrition and hydration, pain, personal hygiene, behaviour and continence. Staff demonstrated an understanding of assessment and planning processes.

Advance care and end of life planning are completed on entry and include consumers’ preferences in relation to palliative care wishes, religious, spiritual and cultural needs, and funeral directives. Staff demonstrated an understanding of advance care and end of life processes.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. All consumers and representatives were satisfied with the level of consultation in developing consumers’ care plans.

Most consumers and representatives were aware consumers had a care plan and they are able to view the care plan at any time. Staff confirmed they have access to consumers’ care plans, including summarised versions on the detailed handover sheet.

There are processes to ensure 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. Six-monthly care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences. Consumers and representatives said staff consult with them in relation to consumers’ care plans and ask if they are satisfied with the care and services consumers receive.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers consider they receive personal and clinical care that is safe and right for them.

Care files sampled demonstrated effective management of pain, skin integrity issues and diabetes. Consumers receiving psychotropic medications have been identified and Behaviour care plans are in place to guide staff on non-pharmacological strategies to be used prior to use of restraint, triggers, consumer history and consent. A register and audit tool are used to monitor and review the use of restraints. Staff described how they provide best practice and tailored care to consumers. The service maintains guidance material to direct staff in best practice clinical care delivery. Consumers and representatives were satisfied with the clinical and personal care provided.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate management of risks relating to behaviour, choking and falls. Consumers are placed on a risk matrix to understand the level of risk associated with their care. New consumers, those determined to be high risk or those that have had incidents, are discussed at weekly risk meetings to ensure their risks are effectively managed. Staff demonstrated strong familiarity with sampled consumers’ high impact or high prevalence risks and discussed strategies implemented to mitigate the risks. Staff confirmed they have had training around high risk areas. The organisation has policies and procedures to assist and guide staff to provide safe and effective care to all consumers.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life. Staff provided examples of additional support and monitoring provided to consumers when clinically deteriorating, including emotional, spiritual, cultural and clinical care.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including initiating appropriate referrals, conducting assessments and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Staff said they access up-to-date consumer information at handover. Consumers and representatives considered consumers’ needs and preferences are effectively communicated between staff.

Care planning documents showed, and consumers and representatives confirmed, timely and appropriate referral to other services and organisations occurs for additional review and treatment of consumers’ health care needs.

There are processes in place to support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Staff demonstrated knowledge of antimicrobial stewardship principles. The service has policies and procedures to guide staff in relation to infection control, including outbreak management. Trends in infection are reported fortnightly to ensure they are being effectively managed, and antibiotics are being used appropriately. Staff have received training in relation to infection control.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers considered the service supports them to do the things they want to do, and which are important for their health and well-being.

Care planning documentation included information relating to consumers’ goals, lifestyle and activity preferences, relationships of importance and needs and preferences in relation to emotional, social, spiritual and cultural support. Staff demonstrated knowledge and understanding of sampled consumers’ needs and preferences in line their care plans. Activities are planned based on consumer needs, preferences, feedback and suggestions. To foster engagement and limit potential isolation, consumer participation in activities is regularly reviewed to identify if additional supports are needed. Throughout the duration of the Site Audit, consumers were observed participating in a range of individual and activities, including leaving the service independently or with family.

Services and supports are in place to promote each consumer’s emotional, spiritual and psychological well-being. Care staff explained how they identify and respond to consumers who need additional support and were knowledgeable about strategies to support sampled consumers’ emotional, spiritual and psychological well-being. Consumers said staff provide them with support when they are feeling low, including regular check-ins and good communication.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including participating in lifestyle activities, going for walks or driving independently and socialising.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Staff said they are kept up-to-date with consumers’ changing condition, needs and preferences through handover meetings and by accessing consumers’ care plans. Consumers felt staff know their condition, needs and preferences, including dietary and food preferences, emotional needs, and choices.

Care planning documentation showed appropriate referrals to individuals, organisations and providers of other care and services for the provision of supports for daily living. Volunteers, Allied health staff and a member of the clergy were observed interacting with consumers throughout the Site Audit.

Consumers gave positive feedback about the food and stated they are provided choice, meals are varied and of suitable quality and quantity. Consumers confirmed the service responds adequately to feedback about food. The service’s menu caters for consumer preferences, allergies and religious, cultural and dietary requirements and includes various meal options to allow consumers to exercise choice. Staff detailed how they become aware of changes to existing consumers’ dietary needs or preferences. Staff were observed asking consumers if they enjoyed their meal and if they were not eating much, whether they would like a different option.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they have access to the equipment they need to mobilise safely, and staff demonstrated an understanding of preventative and reactive maintenance processes to ensure equipment is clean and in good condition.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’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.

Overall, sampled consumers feel they belong and feel safe and comfortable in the service environment. Consumers reported the environment is homelike, clean and well maintained, they are encouraged to personalise their rooms, and they are free to use all communal areas. Consumers also confirmed the furniture and equipment they use is clean, well maintained and suitable for their needs.

Staff demonstrated how they ensure the service environment is clean and safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming, clean and well maintained, with individual rooms decorated with personal items. The layout of the environment enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate. Consumers were observed outside in the garden and sitting.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints.

The service has multiple mechanisms in place for providing feedback and complaints, including feedback forms and Resident meetings. Consumers were able to describe how they are supported to provide feedback or make a complaint and staff demonstrated an understanding of the feedback and complaints process.

Consumers and representatives confirmed they are aware of external advocacy services and complaints organisations. Information relating to internal and external complaints processes and advocacy services was observed in communal areas and is provided to consumers in their Welcome pack.

Processes are in place to ensure complaints are followed up and appropriate action is taken. Consumers and representatives said management has acted promptly in response to feedback and complaints. Staff demonstrated an understanding of open disclosure and how it applies to complaints resolution processes. When feedback or a complaint is received, it is acknowledged, an apology is offered where appropriate, and actions taken to rectify the issue are provided.

Documentation showed feedback and complaints are recorded and analysed to implement improvements for any trends identified. The service’s Plan for continuous improvement reflected feedback from consumers, representatives and staff across the service. While the service maintains a register of feedback and complaints, it did not capture those lodged through Resident meetings. Management said they would take this into consideration in future and provided examples of how the quality of care and services has been improved as a result of feedback and complaints from other sources.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Sampled consumers considered they get quality care and services when they need them, from people who are knowledgeable, capable and caring.

Processes are in place to ensure the number and mix of staffing enables the delivery and management of safe and quality care and services. Management provided examples of how they ensure the right skills and mix of staff are available to meet each consumer’s needs and preferences. Call bell data is regularly reviewed and any response times over 10 minutes are reviewed and investigated, and any concerns regarding workforce performance, shortages or trends are escalated accordingly. Most consumers and representatives said there are enough staff to meet consumers’ needs.

Eldercare values of respect, accountability and connection are an embedded part of the recruitment, induction and performance review processes ensuring the workforce has a good understanding of the behaviours expected by the organisation. Consumers and representatives said, and observations showed, staff are kind, caring and respectful when interacting with consumers.

There are systems to identify if staff have the right mix of skills, qualifications and knowledge to perform their roles. The organisation has position descriptions for each role, which align with the required competencies and qualifications. New staff are assessed for effective performance periodically before probation is finalised and all staff undertake performance appraisals every two years. Consumers and representatives were confident that staff are skilled enough to meet consumers’ care needs and provided examples of understanding dementia and safe use of a mechanical lifter. Some representatives were not satisfied with care provided by agency staff, however, management and staff said agency staff always work under the direction of permanent employees.

Staff attend regular professional development or training to improve their knowledge, so they can effectively perform their roles. Staff attendance at mandatory training is monitored and specialised training is provided when needed, including in response to incidents, clinical indicator data, introduction of new equipment, feedback and/or complaints, and legislative changes.

Performance management processes are conducted every two years. Management explained the process in dealing with serious performance issues, including commencement of a formal investigation process and development opportunities.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, consumers sampled considered the organisation is well run and they can partner in improving the delivery of care and services.

Consumers and representatives interviewed felt encouraged to make contributions to the way that consumers’ care and services are delivered. Feedback from consumers and representatives is sought via feedback and complaints processes, surveys and Resident meetings. The service’s Plan for continuous improvement includes evidence of improvements that have resulted from consumer engagement. The organisation’s model of care includes a consumer engagement plan.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by overseeing the organisation’s purpose, values, strategic directions, clinical governance, audits and compliance.

Interviews with consumers, representatives and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure and antimicrobial stewardship. Monitoring of clinical data and incidents, and feedback and complaints, is undertaken to ensure consumer care is delivered in line with organisational policies and procedures. The organisation’s Senior clinical care consultant oversees clinical governance, assists with or undertakes in-depth clinical analysis and is responsible for maintaining clinical care policies and procedures. Multi-disciplinary meetings oversee various areas of care and use trending and analysis to ensure appropriate use of antibiotics, minimisation of restraint and psychotropic medication use. The service demonstrated use of open disclosure in response to complaints and incidents, in line with the organisation’s policies and governance framework.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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.