Estia Health Bendigo

Performance Report

9 Brown Street   
LONG GULLY VIC 3550  
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**Commission ID:** 4096

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 10 August 2022

# Performance report prepared by

Catherine Spiller, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 12 July 2022

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example;

* Consumers and representatives described how consumers are treated with dignity and respect, with their identity, culture and diversity being valued.
* Consumers and representatives described how consumers are supported to maintain their independence by making choices about how their care is delivered.
* Consumers and representatives described staff knowing the consumer’s life stories and assisting them to maintain connections.
* Consumers described how staff respect their privacy.

Staff interviewed consistently showed understanding and respect towards each consumer and described specific details about their care and what is important to them which informed how they cared individually for each consumer.

Care planning documents included valuable information and reflected the diverse and personal experiences and background of each consumer reviewed.

Staff were observed interacting with consumers respectfully and treating consumers well with their particular care requirements. Staff were observed knocking on consumers’ doors and announcing their presence prior to entering the consumer’s room.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

* Consumers and/or their representatives could describe how nursing staff assess their risks and identify their care needs to ensure their care is safe and meets their needs.
* Consumers described the ways they or others they wish to include are involved in the assessment and planning of their care.
* Consumers and/or their representatives said they are generally consulted regarding changes to consumers’ care and services.

Clinical staff discussed and described how they initiate new assessments and how care plans are updated and reviewed. Staff said they are aware of consumer changes through handover and handover sheets.

Care planning documents demonstrate that consumers and/or representatives and others are involved in their care planning and are reviewed three monthly and when circumstances change.

The Assessment Team viewed handover information located in the nurse station for all staff to access that contained the most relevant information relating to consumers’ needs. The Assessment Team observed equipment for risk minimisation strategies such as pressure-relieving mattresses on beds, cushions in wheelchairs, and beds with sensor alarms and sensor beams

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The Assessment Team recommended a finding of non-compliance for this requirement; however, I have formed a different view.

The Assessment Team found the service was unable to demonstrate that incidents are always effectively reviewed and actioned. The service did not adequately review the care and services for a consumer who experienced a change in their care needs or circumstances. Consideration of further assessment and/or review of consumers’ care and services was not always evident following an incident. Some care staff were unaware of the interventions and strategies documented in care plans to manage the care needs of the consumers. For example:

A consumer was involved in multiple physical aggression incidents between March and June 2022. Strategies to manage behaviour were documented, but had not been reviewed or evaluated between incidents. The Assessment Team were unable to site behaviour charts for each occurrence. Pain charts were also absent, and a recent medical review did not evidence any review of this consumers behaviour. Some staff were unable to describe the behavioural strategies used to manage this consumers behaviour.

In their response, the approved provider, refuted the findings of the Assessment Team stating that this consumers care had been reviewed regularly. Staff interviewed, may not have been regular carers for this consumer, therefore not aware of strategies used to manage behaviours. In these circumstances, staff could refer to care plans for guidance, where these specific interventions were documented. Staff who regular care for this consumer are very familiar with these strategies. The Assessment teams report was referenced, where this consumers behaviour was described as settled and not displaying any aggressive behaviours. In addition, this consumers’ representatives expressed satisfaction with communication and how care was provided, acknowledging these complex behavioural issues. A number of care records, including GP reviews and progress notes were provided to demonstrate that reviews and assessment had occurred. The approved provider acknowledged that a pain chart could have been commenced, but stated that progress notes provided the same information, pain was being monitored and the consumer has not complained of being in pain.

In making this decision, the Approved provider has provided the necessary evidence to assure me that the necessary reviews were occurring for this consumer. Therefore, I find the service compliant with this requirement.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall, consumer consider they get personal care and/or clinical care that is safe and effective, and in accordance with the consumer’s needs, goals and preferences. For example:

* Consumers and representatives expressed satisfaction with the safe and effective personal and clinical care they receive.
* Consumers and/or their representatives provided examples of how planned care was tailored to meet consumer needs and optimised their health and wellbeing
* Consumers and their representatives confirmed that feedback is sought informally, during regular meetings, when the consumer’s condition changes and following an incident.
* Consumers and their representatives confirmed they have access to their medical practitioner and/or allied health professionals when needed.

Staff were able to provide feedback on identifying and monitoring deterioration in a consumer’s condition. They undertake regular reviews of consumers’ progress notes, monitoring their clinical indicators and outcomes of their care plan evaluations.

The service demonstrated an understanding of end of life needs of consumers and showed how this could be applied to individual consumers. The service demonstrated improvement in the review of psychotropic medication use with appropriate de-escalation or cessation of medication where applicable.

The Assessment Team Care staff were observed accessing and referring to consumers’ care planning information and handover sheets. The Assessment Team observed several health professionals visiting the service to review consumers and discuss any planned changes to care needs with clinical staff.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team recommended non-compliance for this requirements. I have formed a different view.

Overall, consumers and representatives expressed satisfaction with the safe and effective personal and clinical care they receive. The use of psychotropic medication is effectively assessed, monitored and reviewed in consultation with consumers and/or their representatives.

The Assessment Team found the service was not able to demonstrate that every consumer gets safe and effective personal and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being. The service did not effectively monitor the consumers’ pain as per their established policy and procedure. For example:

One consumer, with on-going pain did not have a pain chart to monitor for use of as when required pain. Management did acknowledge the gap and agreed that pain charting should have commenced.

In their response, the approved provider supplied additional information to refute the Assessment Teams findings for the above named consumer. They provided GP reviews and progress notes that demonstrated how pain was regularly assessed and managed for this consumer. In addition, they stated that this consumer had not raised any concerns about how their pain was being managed and had been recently provided with a copy of their care plan. They acknowledge a pain chart could have been commenced, but stated, this is an isolated incident and not an indication of a systemic issue at the service. Pain management for this consumer was recorded in their progress notes and thus monitored and reviewed regularly.

In making this decision, the approved provider has provided sufficient information to assure me that this consumers’ pain was being managed to optimise health and wellbeing according to their needs and preferences. The approved provider, acknowledged that a pain chart should have been commenced but pain management is being an isolated incident, not indicative of a systemic issue at the service. Therefore, I find the service complaint with this requirement.

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

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

The Assessment Team recommended non-compliance for this requirements. I have formed a different view.

The Assessment Team found the service did not always demonstrate effective management of behavioural incidents to prevent reoccurrence and/or how similar incidents might be minimised. For example:

One consumer, with multiple behavioural incidents, did not have evidence of regular review and behavioural charting was not completed to support management of the risk of further incidents.

At the time of the Assessment, Management acknowledged Behavioural charting was not completed for this consumer, and would address this gap in their continuous improvement plan.

In their response, the approved provider refuted the Assessment Team findings for this consumer. They outlined how GP and geriatrician reviews, Dementia support Australia and outpatient mental health team recommendations had been used to develop strategies to manage these complex behaviours. They provided additional documentation to evidence that reviews had taken place. They referred to the Assessment Team report findings that this consumers representative expressed satisfaction with the care that was being provided, acknowledging the complexity of managing their behaviours.

In making this decision, additional information provided by the approved provider, has satisfied me that the risks with this consumers were being managed effectively. Therefore, I find the service compliant with this requirement.

### 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.*

The Assessment Team recommended non-compliance for this requirements. I have formed a different view.

The Assessment Team observed poor staff practices relating to hand hygiene and the application of face masks throughout the site audit. Staff were observed to not sanitise shared equipment (computers, keyboards) before or after use. The service has an infection control policy, including an antimicrobial stewardship policy, management of gastroenteritis, influenza outbreak and supporting documentation to guide staff practice.

In their response, the approved provider accepted some of the observations noted by Assessment Team but have provided alternative explanations and rationale for others. Where there were observations of masks not been worn correctly, the approved provider stated that it may have been where a mask as being briefly repositioned, so as to communicate with a consumer. In the one instance of staff not sanitising hands, they stated this resident was in need of assistance to prevent a fall, and therefore the priority was to assist.

On balance, taking into consideration the Assessment Team report, and the response from the approver provider. It seems that these observations at the time of the Assessment, were either isolated incidents or the provider has provided an alternative explanation, as above. In addition, the Approved provider has reinforced key infection protection measures to staff. The service may wish to reiterate IPC practice reminders regularly. Therefore, I find the provider compliant with this requirement.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall, consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Most consumers and their representatives feel supported to participate in activities they choose and that the service supports them to access interests in the community.
* Consumers mostly provided positive feedback about the lifestyle program tailored to their interests.
* Consumers said they can maintain relationships that are important to them with family and friends, and they are supported by the service to do this.
* Consumers and representatives provided mostly positive feedback in relation to the quality and variety of meals and availability of alternatives.

Staff could describe consumers’ interests and important relationships with people within and outside the service. They could describe who their friends were within the service and who visited them.

All care planning documents are inclusive of assessment information regarding consumers’ past and present interests, religious preferences, cultural needs, spirituality, education background, career background and family relationships.

The Assessment Team observed a range of activities including group, one on one and therapy activities. Consumers were observed to be actively engaged and were encouraged to participate in line with their capacity. The Assessment Team observed staff providing emotional support to consumers throughout the site audit.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers felt at home and representatives said they felt welcome when they visit the service.
* Consumers find the service environment safe, clean and well-maintained.
* Consumers and representatives said they feel safe when staff are using equipment with them.
* Consumers can access indoor and outdoor spaces freely.

Staff described how requests for maintenance are submitted and actioned. Staff could explain how equipment is cleaned between use. Staff interviewed were knowledgeable in identification of hazards and how to address these issues.

The Assessment Team found the service to be well lit and suitably furnished. Equipment was observed to be safely stored in cupboards or designated equipment bay areas, with signages reminding staff to sanitise the equipment after each use with accessible alcohol-based wipes. The Assessment Team observed cleaning in progress throughout the service including consumer rooms and communal areas such as the dining room prior to meal service.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers said they feel safe to raise any concerns with staff or management.
* Representatives interviewed said they understood the process for escalating complaints to an external organisation and were aware of accessing advocacy services
* Overall, consumers, said if they are not happy about something they tell the staff and it is fixed.

Staff members said the service has ‘We’re Listening’ feedback forms for consumers or representatives to complete if they wish to lodge a written complaint or concern. Registered nursing staff said, following receipt of a complaint, they investigate what has occurred, and inform the executive director or the clinical director and the family.

The Feedback, Complaints and Open Disclosure policy advises staff on the service’s commitment to supporting consumers and their representatives to recognise what is working well and raise concerns and suggestions for improvement regarding the care and services consumers experience.

The Assessment Team observed feedback forms and locked mailboxes located throughout the service to provide for submission of complaints including anonymous complaints. The Assessment Team observed posters and brochures located at the entrance to the service advising on the process for contacting external complaint services, accessing an advocate and requesting interpreter services. Resident and relative’ meeting minutes confirm consumers are offered opportunities to provide feedback regarding meals, activities, special events they would like to celebrate, and any additional equipment or fittings required.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives said staff treat consumers respectfully and with kindness.
* Consumers said staff have the knowledge and skills to provide appropriate care and services.
* Consumers and staff spoke highly of great teamwork demonstrated by the clinical and care staff.
* Most consumers described the staff as like family, doing anything the consumers ask of them.

Most staff confirmed they had completed a staff appraisal within the last 12 months. Care staff advised they are supported to complete further education and training. Clinical staff said they have access to a lot of education and training through the electronic education platform, webinars, face to face training, toolbox sessions and by requesting to attend further education.

The service endeavours to fill rostered positions due to planned and unplanned leave however, shift vacancies do occur with staff advising that planning and prioritising workloads reduces the impact to consumers.

A review of recent mandatory completion rates demonstrated a completion rate of greater than 90%.

The Assessment Team observed staff treating consumers with dignity and respect.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

* Consumers and representatives have many opportunities to provide feedback and their opinions are sought prior to the implementation of changes.
* Consumers and representatives said the organisation is well run and allows them to partner in improving the delivery of care and services.

Staff advised they have access to policies and procedures electronically with training on accessing the system provided during orientation. Staff and management confirmed they understand open disclosure and the need to provide an apology when an incident occurs, or a complaint is received.

The organisation governing body is accountable for the delivery of safe and quality care and services. The service has effective risk management systems and practices. The service demonstrated a strong reporting culture with investigations undertaken of incidents and timely reporting to the Commission of serious incidents through the SIRS regulations.

The Assessment Team found the service has policies and procedures in place to ensure the service is well run, and to ensure the governing body remains accountable in the delivery of care for consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.