Estia Health Toorak Gardens

Performance Report

401 Portrush Road
TOORAK GARDENS SA 5065
Phone number: 08 8431 5399

**Commission ID:** 6185

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 12 April 2022 to 14 April 2022

**Date of Performance Report:** 20 May 2022

# Performance report prepared by

Kathryn Spurrell, 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.
* other information and intelligence held by the commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers and their representatives considered consumers were treated with dignity and respect, that staff were kind and caring when providing care and that consumers’ cultural needs and preferences were supported. They said the service supports them to exercise choice and independence and to maintain relationships that were important to them. Staff spoke about consumers in a respectful manner and demonstrated they are familiar with consumers’ background and preferences. Staff were observed having respectful interactions with consumers.

Staff described how consumers' cultural backgrounds influenced how they supported consumers. Consumers from culturally and linguistically diverse backgrounds provided examples of how staff provide culturally appropriate care and services. Consumers and representatives said they were supported to make decisions about consumers’ care and provided with sufficient information to make informed choices.

Consumers and representatives said consumers were supported to take risks and live the life they choose, with one named consumer describing to the Assessment Team how they were supported to make choices about their diet and fluid intake. Staff described how they assess and discuss potential risks with consumers, and how health professionals are involved to support informed decision-making by consumers.

Consumers and representatives considered they received regular communication from the service and were satisfied with the information they received through the newsletter, monthly calendar and directly from staff. Staff described how information is provided in-line with consumers’ needs and preferences.

Care planning documentation reflected the diversity of consumers and included information regarding what and who were important to them, their life journey, cultural background, spiritual preferences, family relationships and their individual personal preferences and the Assessment Team observed staff interacting with consumers in a friendly, warm, dignified, and respectful manner.

Consumers and representatives felt that staff respected their personal privacy when providing care and services, including through knocking on consumers’ doors before entering rooms. Staff described procedures and processes used to maintain consumer privacy and confidentiality. The service had a policy on the protection of personal information and implemented training on privacy and confidentiality.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Consumers and their representatives described how they were involved in the care and assessment process and said they felt they received the care they need. Staff described how they used assessment and planning to inform the delivery of safe and effective care, including when consumers entered the service. Care planning documentation identified risks to consumers’ health and well-being, such as skin integrity and blood glucose monitoring required in response to specific health conditions.

Consumers and representatives said that assessment and planning processes identified and addressed their current preferences and end of life wishes. Care documentation reflected what was important to consumers. Advance care planning and end of life planning was discussed with consumers and representatives when consumers requested, and as consumer’s needs changed.

Care documentation reflected the involvement of consumers and their representatives in assessment and planning, and external providers such as speech pathologists and dieticians. Staff provided examples of how they involved consumers and representatives in care assessment and planning processes.

The outcomes of assessment and planning were communicated to consumers and representatives, and they confirmed that copies of the care and services plan were available to them. Staff explained how they communicated changes to care planning documentation with consumers and representatives.

Consumers’ care plans were reviewed regularly when circumstances change and following incidents. Reviews involved consumers and their representative, clinical staff, allied health, and other medical professionals. The service monitored trends in clinical indicators such as skin integrity, falls, medication incidents, hospitalisations, pressure injuries and infections.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Consumers and their representatives considered they received personal care and clinical care that was safe and right for them and in accordance with their needs and preferences. Care documentation reflected individualised care that was safe, effective, and tailored to the needs and preferences of consumers.

The Assessment Team spoke with representatives who reported some dissatisfaction with the care provided. The Assessment team raised these issues with management and inspected planning and care documents that showed the service had taken appropriate action to address the concerns, including holding a case conference, explaining the personal care plan to the representatives, providing training to staff and remaining in contact with the representatives. Care documentation for both consumers indicated the concerns have been addressed satisfactorily and demonstrated the changes to the care plans had been maintained by the service.

Care documentation showed that high-impact and high-prevalence risks such as falls were appropriately identified, and appropriate interventions were documented to manage and minimise the risks for each consumer. Consumers and representatives expressed satisfaction at how the service managed risks relating to specific health conditions and treatments, behaviours and COVID-19. Staff were aware of their responsibilities in managing risks and described strategies used to minimise risks for consumers.

Care planning documentation indicated that consumers nearing the end of their life had their dignity preserved and care was provided in accordance with their needs and preferences. Staff described the way care delivery changed for consumers nearing the end of their life and practical ways that consumers’ comfort is maximised.

Deterioration or changes to consumers’ condition were identified and responded to in a timely manner. Consumers were satisfied the service recognised and responded quickly to changes in consumers’ condition, such as following a fall. Staff provided examples of how changes in consumers’ condition were responded to, which included communicating internally and referring to appropriate providers as needed.

Staff described how information about the condition, needs and preferences of consumers was documented and shared within the service and with other professionals that share care of consumers. Care planning documentation demonstrated progress notes, communication books and care and service plans provided sufficient information to support effective and safe sharing of the consumer’s information. The service had clinical procedures that supported staff in assessment, care planning, clinical deterioration, and handover processes.

Consumers and representatives said referrals to health professionals were timely and appropriate, and that consumers had access to relevant professions such as allied health professionals and medical specialists. Care planning documents showed referrals to allied health professionals where relevant and included dietitians, physiotherapists, and speech pathologists. Staff explained that referrals were made in consultation with the consumer and representative and described to the Assessment Team a recent example involving a consumer who had difficulty swallowing who was referred to a speech pathologist.

The service had policies and procedures to minimise infection-related risks, and staff provided examples of practices to prevent and control infections. The service provided training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment, cough etiquette and cleaning processes.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers felt supported to pursue activities of interest to them, individually and as part of a group. Care plans included consumers' lifestyle preferences and identified people important to them. Staff demonstrated knowledge of individual consumers’ interests, which were consistent with care plan records. Lifestyle staff explained that consumers’ individual preferences were identified upon entry to the service so that staff can provide appropriate support to help consumers achieve their goals.

Consumers felt their emotional, spiritual, and psychological well-being was well supported by the service and described how this was achieved, including through maintaining important relationships, communicating with staff, and having their religious needs respected. Care planning documentation included information about consumers' spiritual beliefs, strategies to support their emotional well-being and identified social supports, such as people that were important to them. Staff described how they monitored and supported changes in consumers’ well-being.

Consumers were supported to participate in the community and maintain personal relationships through social visits within and outside the service. Care plans identified consumers’ activity preferences and noted personal relationships that were important to them. Staff provided examples of how the service supported consumers to remain connected to their community, such as through volunteers, performers, church representatives, a hairdresser and the local ‘roaming’ library.

Care planning documents provided adequate information about consumers’ conditions, needs and preferences and key information was shared within the organisation to ensure the provision of safe and effective care. Consumers and their representatives said they were satisfied with communication amongst staff regarding their conditions, needs and preferences. Staff were made aware of changes to consumers’ needs during verbal and documented handover processes, memorandums, communication books and sharing dietary information.

Care documentation reflected the involvement of other providers of care and support services. Staff described to the Assessment Team the process of engaging consumers with external organisations and individuals when additional support was required, and to supplement the lifestyle program. Brochures and other resources to support referals to external organisations were observed at the service.

Consumers and representatives were generally satisfied with the meals provided by the service, and how the service amended the meals in response to feedback provided by consumers. The Assessment Team inspected organisational documents that demonstrated effective management and response to feedback received in relation to meals. Care documentation demonstrated that consumer dietary requirments and preferences were accurarely recorded. The Assessment Team observed a clean and tidy kitchen, with health and safety guidelines, consumer dietary information and infection control measures displayed.

Equipment provided for consumers was observed to be clean, suitable, and well maintained. Shared items were clean and in working order. Staff considered they had access to sufficient and suitable equipment that is kept in good condition, and maintenance is attended to in a timely manner.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers considered the service environment welcoming and said they felt comfortable living there. Consumers’ rooms were personalised with decorations and personal items to support their sense of belonging. The service environment supported consumer independence using handrails, lighting and dementia enabling principles of design. Indoor and outdoor areas were easily accessible to enable consumers to interact.

The service environment was observed to be safe and free from trip hazards. Fire safety equipment was regularly serviced, and fire evacuation diagrams were displayed throughout the service. Staff described the processes in place that ensured the service environment was safe and well-maintained, and the Assessment Team inspected the various options available for consumers to log a maintenance request. The service had a preventative maintenance program which was managed through inhouse and outsourced providers, and maintenance logbooks which were used by staff to log ad hoc requests.

Cleaning staff were observed to be attending to the service, and the service environment, furniture, fittings, and equipment were generally clean, well maintained, and appropriate for consumer needs. Most consumers expressed satisfaction with the furniture, fittings, and equipment at the service. Staff described how shared equipment was cleaned, stored, and maintained. The Assessment Team spoke with one representative who considered their consumer’s wheelchair wasn’t appropriately maintained by the service and raised concerns around maintenance and cleanliness. The Assessment Team inspected the consumer’s wheelchair, found that preventative maintenance checks on wheelchairs were up to date and noted the service committed to discussing the concern with the representative.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives felt safe and supported to raise complaints and provide feedback through established complaints processes. Staff described how they encouraged and supported consumers to provide feedback and make complaints and understood the operation of the service’s complaint handling system. Brochures and other written information on how to make complaints were observed across the service by the Assessment Team, including details for advocacy and language services.

Consumers and representatives said they were aware of and had access to alternative methods for making a complaint. Staff described internal and external advocacy and language services available to consumers and were provided with information on advocacy services as part of their induction. Consumer meeting minutes demonstrated that consumers and representatives were informed about advocates, language services and other methods for raising and resolving complaints.

Most consumers and their representatives were satisfied that appropriate action was taken in response to their complaints. The service’s feedback and complaints register showed that complaints were actioned and responded to. The continuous improvement plan demonstrated that feedback was used to improve the quality of care and services. The service had a feedback, complaints and open disclosure policy, which staff demonstrated a shared understanding of. The Assessment team observed that in response to a recent complaint from a representative the service provided additional training to staff and introduced additional care charting and assessment processes for the consumer.

The service demonstrated appropriate action was taken in response to complaints and open disclosure process is used when things go wrong. The service demonstrated multiple avenues to capture continuous improvements from consumers such as feedback forms, residents’ meetings, and consumer surveys. Consumers provided examples of the improvements within the service that occurred as result of feedback and complaints procedures.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and their representatives considered they received quality care and services from appropriately skilled staff in a kind, caring and gentle manner. Staff were observed greeting consumers by their preferred name and speaking in a kind and respectful manner. The Assessment Team spoke with some consumers and representatives who stated the service would benefit from having more staff, however, they did not consider staffing levels negatively impacted the care they received. Staff generally considered they were adequately resourced to complete their daily tasks.

The organisation had processes in place to recruit suitable staff and conduct orientation and training for new staff. The Assessment Team observed position descriptions that were available for all roles at the service, and an orientation and onboarding program included mandatory training and a buddy system with more experienced staff. The service demonstrated that police checks and required registrations were up to date for all staff and described how staff received the training required to perform their roles.

Staff felt they receive adequate training and support to perform their roles and outlined the various recently completed training modules. The Assessment Team noted that all staff, excluding those who had recently commenced, had completed the mandatory annual online training. The Assessment Team observed the various ways the service supports staff to ensure they receive the appropriate training to perform their duties, such as, through the online training portal and through frequent toolbox training that addressed any identified trends within the service.

Staff outlined how their performance was assessed, monitored, and reviewed through formal and informal processes such as annual performance appraisals. Management advised that staff performance is monitored through formal performance appraisals and informal monitoring and review. The performance appraisal process included annual, one on one assessment of the staff’s performance and then the provision of feedback by management. A review of staff appraisals by the Assessment Team evidenced that the occurrence of appraisals was consistent with the description provided by management.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers considered the organisation was well run and said they felt like partners in improving the development, delivery and evaluation of care and services. This included through attending consumer meetings, completing feedback forms, the customer experience survey, providing verbal feedback and informing the activity calendar.

The organisation's governing body was accountable for a culture of safe, inclusive, and quality care and services, through communicating important information, requiring specific reviews be completed, reviewing trends and establishing relevant committees, such as the COVID-19 committee. The service conducted internal audits against the Aged Care Quality and Safety Standards and used the results to improve performance. Quarterly audit reports were provided to the governing body.

The service had effective organisation wide governance systems. Staff could access policies, procedures and other information required to provide care and services to consumers through the service’s information management system. Opportunities for continuous improvement were identified through several mechanisms, including consumer meetings, feedback forms, complaints processes, case conferences, clinical indicator data, internal audits and customer experience survey results. Financial governance and workforce governance were addressed, with processes to approve expenditure and flexibility to engage additional staff. Regulatory compliance was maintained through monitoring legislative changes, staff education and updating policies and procedures in line with current legislation. The service had a system for encouraging, organising, and actioning feedback and complaints from consumers, their representatives and staff. Management monitored the feedback and complaints register and ensured appropriate action was taken in response to complaints.

The service had a documented risk management framework, which included policies on high-impact or high-prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing incidents. Staff demonstrated an understanding of these policies and of consumers with high-impact or high-prevalence risks. The service developed monthly clinical indicator reports and evaluated these indicators to determine high-prevalence risks.

The service had a clinical governance framework, including policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff received training on these policies and described to the Assessment Team how they apply them in practice. Management provided examples of how the policies informed the way care and services were planned, delivered, and evaluated.

## 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.