Grandview Lodge

Performance Report

19 Grandview Street
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**Commission ID:** 3490

**Provider name:** East Wimmera Health Service

**Site Audit date:** 19 July 2022 to 22 July 2022

**Date of Performance Report:** 6 September 2022

# Performance report prepared by

L. Malone, 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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-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 19 August 2022.

# 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

Overall 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 interviewed said they are treated with dignity and respect, and staff know what is important to them. Consumers and representatives provided examples of staff supporting consumers’ traditions or attending to detail in their personal appearance.

Consumers felt they were provided with adequate information to make choices regarding their care and services and said they feel supported were able to involve others in their care as they wish.

Consumers and representatives said they are supported to make the choices to allow consumers to live the life they choose, including choices involving risk, and were able to describe how the service supports those choices.

Staff consistently spoke of consumers in a respectful way. They indicated an understanding of consumers backgrounds, important people and what gives them enjoyment. The Assessment Team observed care that was dignified and respectful. Staff were able to describe how they approach risk assessment including consideration of the consumers’ wishes, involving other health professionals as necessary, explaining the risks, implementing risk minimisations strategies, and seeking signed consent from the consumer or representative.

The service’s consumer handbook contains a ‘Diversity Commitment’ which outlines the service’s commitment to providing inclusive and respectful service. A number of resources, posters, flags and other information throughout the service promote values of inclusivity and cultural safety. Staff undertake training to support cultural safety and has a ‘Cultural Care and Interpreter Services’ policy to guide staff.

All consumers interviewed were satisfied that their privacy and confidentiality are respected and maintained. Staff described practical approaches to privacy and ensuring consumer dignity, and approaches to information sharing, and have written policies to guide staff practice.

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

For example:

* Consumers and representatives said they are partnered in the ongoing assessment and planning of their care and services, and the consumer’s care plan is discussed in detail. Consumers were satisfied with the level of input they have into their care and the frequency of consultation.
* Consumers and representatives said they are informed by staff when there are changes to a consumer’s condition and following any incidents, and said care is reviewed in response to changes in condition.
* Consumers and representatives said they are able to involves other providers of their choice in consumers’ care such as medical practitioners, allied health providers, specialists and other care providers. Outcomes of assessment and planning are documented on a care and services plan that is readily available to all stakeholders

The Assessment Team reviewed consumer files based on identified risks including specialised nursing care, smoking, restraint, behaviours, falls and pain. Files documented the use of validated assessment tools to assess risks of falls, wounds, pain and cognitive decline and care planning is informed by these assessments to provide individualised strategies. Care documentation demonstrates regular review of care in consultation with the consumer and/ or their representative occurs, and care and services are reassessed and reviewed in response to clinical incidents such as falls.

Staff were able to describe the needs, goals and preferences of consumers and what is important to their care. Staff described how other providers of care such as medical practitioners, specialists and allied health practitioners were involved in consumer care assessment and care planning to provide safe and effective care and services, and meet consumers’ needs, goals and preferences.

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.*

# 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

Consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives said consumers receive clinical and personal care that is good quality and is right for them.
* Representatives said they are well informed of changes in the consumer’s condition, and the risks and benefits of interventions including the use of restrictive practices.
* Consumers and representatives interviewed said they have access to medical officers, physiotherapists or other health professionals when required.

The service demonstrated clinical and personal care which aligned with best practice and was tailored to individual consumers’ needs, goals and preferences to optimise health and well-being. Pain and wounds were demonstrated to be well managed. Where the service implements a restrictive practice, appropriate assessment, consultation with the consumer or representative, monitoring and review occurs. Consent to the restrictive practice is documented in the care plan.

Staff were able to describe the significant risks to the consumers in their clinical or personal care and how they provided care and service which minimised risk. The service demonstrates it appropriately identifies and manages risk effectively.

The Assessment Team found consumers and representatives were informed of their choices in palliative care and expressed confidence their end of life wishes were known by staff and would be respected. Care documentation reflects care needs of palliating consumers are recognised and addressed, and care is based on the consumer’s identified needs and preferences.

Evidence presented in the site audit report demonstrated that clinical deterioration is identified and responded to in a timely and appropriate manner, and the service is proactive in seeking specialist care when required. Consumers and representatives spoke positively about the way service identify changes in their condition and presents information and choices when clinical deterioration occurs.

The service demonstrated information about consumers’ condition, needs, goals and preferences is documented and communicated effectively in care files and through daily handovers. Consumers and representatives provided positive feedback about the way the service shares information.

The Assessment Team found the services engages other providers of care and care documentation provided evidence of timely and appropriate referrals to allied health and medical professionals, and other specialists and services.

The service demonstrated an effective approach to the minimisation of infection transmission through standard and transmission based precautions, and antimicrobial stewardship. The Assessment Team observed staff practicing hand washing and correctly donning and doffing personal protective equipment (PPE).

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.*

### 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 NON-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

Consumers, or their representatives felt that their conditions, needs and preferences are effectively communicated within the service and with other organisations where applicable. Staff could explain how they are updated on the changing needs, condition or preferences of consumers.

The service did not demonstrate each consumer receives safe and effective supports for activities of daily to optimise their independence, wellbeing and quality of life, and consumers and representatives noted the impact of lack of lifestyle staff to provide a scheduled activity program. While some consumers were able to perform activities of daily living independently and pursue meaningful activity and interests, others had limited opportunity. Assessment Team observed some consumers to be without meaningful engagement or support to pursue interests over long periods of time during the site audit.

Consumers said they felt emotionally and spiritually supported at the service, some enjoyed church services and others said they could talk to staff if they needed emotional support.

All consumers and representatives provided positive feedback about the quality of meals and the choices offered. Staff outlined how consumers have input into the menu and how satisfaction with the meals is monitored. Documentation and observation confirmed consumers are provided with meals in keeping with their dietary needs and preferences.

The service demonstrated timely and appropriate referral to providers of care and services to support consumers in their functional goals and daily activity. Consumers are representatives were satisfied the equipment provided to support activities of daily living such as mobility aids are safe, clean and suitable for their needs.

The Quality Standard is assessed as Non-compliant as 2 of the seven specific requirements have been assessed as Non-compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found the service did not demonstrate all consumers are receiving safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises well-being and quality of life. In making my decision I have considered evidence presented in the site audit report under Requirement 4(3)a as well as other relevant information throughout the report.

Some consumers who are able to perform activities independently described doing so, but consumers and representatives of those who required support to participate in their goals and meaningful activities said opportunities are limited. While staff demonstrated knowledge of consumers’ needs, goals and preferences they said opportunities to meet these, or to provide ‘one on one’ time is limited and provided an example of not being able to assist consumers with their goals of a daily walk. Consumers, representatives and staff noted there is currently no lifestyle coordinator at the service and that no scheduled activity program is being provided. Care documentation indicates infrequent or no documented occasions of supported, structured activity over many months.

The Assessment Team observed some consumers to be without meaningful occupation over long periods on all three days of the site audit. Consumers less able to independently pursue activity were noted to spend long periods of time sitting in the same locations, with minimal occupation. Staff reports confirmed minimal meaningful activity is currently provided.

The Assessment Team found inconsistent amount of detail in care files related to what is meaningful activity of daily living for individual consumers, and while some examples said support to engage in these activities it does not specify what type of support was required.

I note management’s response to the Assessment Team’s observations during the site audit, that the service had been without a lifestyle coordinator and the plans for a newly recruited lifestyle coordinator to commence. I have considered the approved provider’s response dated 19 August 2022 which does not refute the findings of the Assessment Team.

I am satisfied the evidence demonstrates supports for activities of daily living are not effective in optimising wellbeing and quality of life for each consumer and find this requirement non-Compliant.

### 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) Non-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.*

### The Assessment Team found that consumers who can independently pursue their interests and participate in the community without staff assistance were able to do so. However not all consumers were found to participate in their community and do things of interest to them, and support provided and opportunities to do so for consumers requiring assistance are limited and infrequent.

### Evidence presented in the site audit report under Requirement 4(3)c, as well as other relevant evidence throughout the site audit report, has influenced my decision. I find the feedback from consumers and representatives’ dissatisfaction that there is nothing to do or that no one engages them, and observations made by the Assessment Team which support this feedback to be compelling in making my decision. The Assessment Team observed consumers requiring support to participate in the service community or engage in their interests to be without appropriate support and or meaningful activities for long periods of time and on all three days of the site audit. For example, some consumers whose care plan noted they enjoyed socialising with others, ‘tactile’ activities, walks, or looking through newspapers and magazines were not observed to be engaged in these activities on all three days of the site audit.

### I acknowledge the positive feedback evidence provided by consumers and representative about the way their social relationships are valued and supported. Most consumers reported enjoying the fortnightly concert put on by the service and some enjoy the regular religious services. I acknowledge other evidence referring to some ways in which consumers are engaged in the internal and external community, and some describing their ‘longstanding’ connections to other consumers at the service. However, I agree with the Assessment Team’s assessment that these consumers were not as reliant on staff assistance to pursue their interest and connections and this does not address the limited supports for those consumers who require them to participate.

### Staff demonstrated knowledge of consumers’ interests, community connections and important social relationships. Care files reviewed by the Assessment Team were inconsistent in levels of detail; while some contained individualised detail of the consumer’s interests and important relationships other consumers were found to have no assessment or care plan related to leisure and lifestyle.

### I have considered information in the site audit report related to management’s description of actions to date including recruitment of a new lifestyle coordinator and planned commencement of a recruit into the role, scheduling of some activities such as a fortnightly concert and a bus trip, and that a further bus trip will be considered. I have also considered the approved provider’s response dated 19 August 2022 in which they do not refute the Assessment Team’s findings.

### The evidence demonstrates while some consumers are supported to maintain social relationships and the service has demonstrated some alternative arrangements for connection to the external community, supports are not adequate to assist each consumer to engage in the internal community, or to pursue things of interest. Based on this evidence, I find this requirement Non-compliant.

### 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 and representatives described feeling welcome, safe at the service.
* Consumers said that the furniture, fittings and equipment in the service are clean, comfortable and well maintained and there is suitable equipment available to meet individual consumer needs.
* Consumers and representative spoke positively on the cleanliness of the service environment, and of utilising different areas indoors and outdoors.

The service environment was found to be welcoming and easy to understand. Consumers and visitors were observed to move freely throughout the indoor and outdoor service environment utilising the communal spaces and garden areas. Consumers rooms are personalised with fittings and furnishings.

The indoor areas of the service were observed to be clean and uncluttered and the outdoors gardens were neat and accessible with suitable furniture. Furniture and fittings were safe, comfortable and appropriate for consumers to use

Staff said maintenance and cleaning is regularly and promptly attended to. The Assessment Team reviewed logs and maintenance which provided evidence of timely response to logged issues. Management said regular audits of the service environment safety are conducted.

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

For example:

* Consumers and representatives said they felt comfortable to raise feedback and describe various ways of doing so such as talking to staff, feedback surveys and at regular meetings.
* Consumers and representatives said the service listens and takes action in response to feedback to improve care and services.

While no consumers or representatives said they had used language or advocacy services for raising a complaint, information access to advocacy services, language and interpreting services, Aged Care Quality and Safety Commission and other services were displayed at the service and information was also available in the consumer handbook.

The service has a policy on open and all staff were able to describe how they practice open disclosure when things go wrong. Staff described using open communication with consumers and their representatives and acknowledging what has occurred.

The service demonstrated in various ways how it uses feedback and complaints to improve the quality of care and services. The Assessment Team reviewed the complaints and feedback log which documented issues and actions. Management described how complaints data is regularly analysed and reported on to identify trends and opportunities for improvement.

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

Consumers and representatives 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 are kind and caring, and consumers said they are treated in a respectful way. They provided positive feedback about staff competence and said staff had the knowledge to meet consumers’ care needs.
* Consumers said there had not been a lifestyle staff member at the service since March but otherwise were satisfied with the levels of staffing and said staff respond to their needs in a timely way. Management responded during the site audit describing plans for a new lifestyle coordinator to commence in the role in coming weeks.

Management said they had some difficulties recruiting a lifestyle coordinator role had now recruited one who was due to commence in coming weeks. The service demonstrated effective systems of workforce planning and review of rosters and other written information demonstrated nursing and other personnel shifts are regularly filled. The Assessment Team observed staff responding to consumers promptly and engaging with consumers and visitors in a caring and supportive manner.

Staff said they undertake training relevant to their role and they feel encouraged and supported to pursue additional training opportunities. The service demonstrates effective systems which provide access to training and monitor staff completion. Documentation provided evidence of a range of mandatory and additional training topics to support the delivery of safe and effective care and services to consumers.

Staff undertake annual review of their performance and management described these as an opportunity to discuss training and development goals for the coming year. The service has written policies and procedures related to staff performance.

The Quality Standard is assessed as Compliant 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 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

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 said they are engaged in the service, asked for their feedback and are consulted regarding changes that are occurring in the service.

The organisation’s Board ensures and promotes accountability for safe, inclusive, and quality care and services for consumers through regular audits and analysis of incident, feedback and other data. Actions undertaken in identified areas of improvement are monitored and evaluated by the Board. Consumers are engaged in the development, delivery and evaluation of care and services through regular meetings, surveys, audits and feedback.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. The service has a risk management framework which includes written policies related to the management of high-impact and high-prevalence risk, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated knowledge of their role in identifying, preventing and reporting risk.

The service has a documented clinical governance framework that supports the delivery of antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure.

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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Review current the lifestyle program and supports for activities of daily living to determine if these are appropriate to meet consumers’ needs while optimising wellbeing and quality of life.
* Consult with consumers to determine how safe and effective supports for daily living should be delivered to meet their needs, goals and preferences.
* Ensure each consumer is provided appropriate supports to engage in their interests and participate in the service community.