Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | James Milson Village North Sydney |
| Service address: | 4 Clark Road NORTH SYDNEY NSW 2060 |
| Commission ID: | 0159 |
| Approved provider: | North Sydney Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 18 November 2022 |
| Performance report date: | 15 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for James Milson Village North Sydney (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider did not submit a response to the Site Audit report

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 6 of 6 specific requirements have been assessed as Compliant.

Overall, sampled consumers/representatives consider consumers are treated with dignity and respect, encouraged to maintain their identity, supported to make informed decisions and care and services are culturally safe. Examples of satisfaction included staff being kind and respectful of individual choice/preferences.

Sampled consumers and representatives consider staff respect culture, values and diversity, expressing satisfaction these aspects are demonstrated in delivering activities, addressing spiritual needs and meal choices. Care planning documentation reflects consumers’ cultural, spiritual needs and preferences in relation to requirements of this Quality Standard. Staff were observed treating consumers with dignity, speaking with respect, demonstrating an understanding of individual choice/preferences. They gave examples of how consumer privacy, identity and culture is maintained. Staff demonstrated knowledge of communication resources utilised to ensure needs of consumers who are unable to (or choose not) communicate in English are met.

The service demonstrate methods consumers are supported to exercise choice and maintain independence. Consumers expressed satisfaction and gave examples of how they are supported to choose who is involved in their care, how to communicate decisions, make connections and maintain relationships of choice. Staff demonstrate knowledge of individual consumer preferences, cultural background/values and consideration of these aspect in care delivery. They gave examples of supporting consumers to maintain relationship of importance, including friendships and to make decisions relating to care and services. Electronic devices are used to ensure consumers maintain relationships with family and friends.

The service demonstrate an effective system to support consumers’ choice in taking risks. Consumers and representatives expressed satisfaction consumers are supported to take risks and live their best life; noting discussions occurred with clinical staff to ensure knowledge and understanding of risk benefits and/or possible harm. Staff described individual consumers choice and support to engage in activities of risk including involvement in strategies/solutions of risk minimisation. The assessment team observed a consumer independently exiting and returning to the service as per their choice.

Several methods are used to provide consumers with current information and ensure confidentiality is maintained. Most consumers/representatives consider they receive up to date information about activities, meals, and other events. Staff described various ways of information provision including for consumers living with cognitive deficits and/or English not their language of preference. Information was observed to be on display. Care planning documentation demonstrate regular communication/involvement with consumers and representatives.

Consumers expressed satisfaction information is kept in a confidential manner and staff described how they maintain consumer’s privacy in care provision. Staff described practical modes of respecting consumers’ personal space/privacy, including password protection when accessing electronic documentation and were observed to be delivering care while demonstrating awareness of privacy and confidentiality. Management demonstrate provision of staff training/education when alerted to issues of concern relating to privacy.

Education records reflect training in topics relating to this Quality Standard and policy documentation guides staff in organisational requirements/expectations.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Assessment and care planning (involving consumers/representatives) results in documentation to guide safe care delivery. Overall, consumers and representative’s express satisfaction of involvement in advance care planning/end of life choices; when incidents occur, needs change and referral to medical officer/allied health care specialists occur when required. Most express knowledge and satisfaction of care plan accessibility. Management and staff demonstrate knowledge of regular review processes, how consumers and/or their nominated representatives are involved; including risk mitigation strategies and outcomes relating to individual choice. Documentation detailed assessment and care planning, including risk assessments/strategies for risk mitigation.

A partnership approach generally occurs with consumers/representatives and other health care providers and outcomes of assessment and planning are communicated to consumers/representatives. Most consumers/representatives consider they are engaged and informed of assessment and planning, they have access to relevant documentation and medical officer/specialists/other health professionals are included in care provision. Staff demonstrate knowledge of their role responsibilities, consumers’ individual needs/preferences and documentation reflects involvement of consumer/representatives, medical officers, specialists/other allied health professionals.

Management and clinical staff describe initial and ongoing assessment and planning/review processes, including when consumers’ circumstances change, following an incident, decline in health and/or end of life care requirements. Staff demonstrate knowledge of monitoring methods to ensure regularly review and update and documentation generally demonstrates regular ongoing review. Analysis and trending of clinical data informs/guides assessment and planning processes.

Policy documentation guides staff of organisational requirements and expectations in relation to this Quality Standard.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

The performance report dated 7 January 2021 found the service non-compliant in requirements 3(3)(b) and 3(3)(g). Deficiencies related to the service not effectively managing high impact/prevalence risks for consumers and could not demonstrate adequate preparedness for a potential Covid-19 outbreak.

The Assessment Team found the service has taken action to improve its performance under these requirements, including:

* Implementation of a software program to assist staff in identifying and managing risks
* Completion (and regular updating) of a psychotropic register containing details of medication classification
* Processes to ensure restrictive practices are discussed, authorisation documented and regular review to ensure accuracy
* Referral to supporting organisations to assist in management of risk
* Assessment of escalating behavioural symptoms to ascertain possible triggers
* Outbreak management plan reviewed by Infection Control and Prevention Lead (IPC) post outbreak
* Completion of staff competency assessment relating to appropriate use of personal protective equipment (PPE)
* Regular scheduling of infection control training and assessment of staff knowledge

I am satisfied the service has addressed previous deficiencies and demonstrates effective management of high impact/prevalence risks associated with the care of each consumer and demonstrate adequate preparedness and management of a Covid-19 outbreak.

I find requirements 3(3)(b) and 3(3)(g) to be compliant.

Consumers and representatives consider consumers receive appropriate clinical care resulting in positive outcomes as per individual needs and preferences. They consider management and staff provide accurate and timely information and regularly communicate to ensure consumers’ needs/preferences are effectively transferred to those involved in care delivery. Consumers and representatives express positive feedback in relation to responsiveness when deterioration occurs and timely access to medical officer and other professionals/specialists.

Representatives generally express satisfaction end of life care maximising comfort, pain relief, dignity and respect occur. Documentation for consumers receiving end of life care demonstrated guidance to ensure appropriate care provision including maximising comfort and maintaining dignity. Documentation detailed appropriate care provision for consumers receiving palliative care and/or nearing end of life, including palliative care services available from local hospital and visiting nurse practitioner. Staff described care provision, including practical methods to ensure comfort is maximised and pain minimised.

Systems and processes ensure provision of safe, effective care tailored to consumer’s needs in optimising health and well-being. The service demonstrates effective systems resulting in positive consumer outcomes. Documentation generally indicates responsiveness when consumers’ condition change. Documentation demonstrates effective systems to identify, monitor and manage pain, skin integrity/wound management, diabetes management, behaviour support, restrictive practices and complex care; however, the assessment team noted inconsistent recording of some monitoring activities.

Staff and management described high impact/prevalence risks, including falls, medication, wound, behaviour support and risks associated with diagnoses and/or decline in condition. A register contains relevant information regarding high impact/high prevalence risks, for example falls risks, medications and changed behaviours. Regular meeting forums monitor currency of needs, and a process for collating/trending/analysing high impact/prevalence risk occurs. Staff describe knowledge of escalation processes including when consumers experience changes to their condition. Review of documentation generally demonstrates appropriate and timely care.

The service demonstrates information about consumer’s condition, needs/preferences is documented/communicated with those where responsibility for care is shared. Care planning review evidenced effective communication/transfer of information between staff and allied health care professionals including timely referral. Regular visits occur from allied health professionals/specialists and staff demonstrate knowledge of emergency referral processes. Directives from medical officer and other health professionals are updated in documentation to ensure current needs are met. Consumers/representatives express satisfaction regarding communication of specific needs, and observation of staff discussions demonstrate effective processes.

Management processes including leadership and directives occur in the event of an outbreak; staff describe strategies to minimise infection and demonstrate understanding of antimicrobial stewardship principles. Documentation details appropriate intervention and management for infection prevention; the assessment team observed staff adhering to appropriate practices and accessible supplies of personal protective equipment. Consumers and representatives consider effective infection control occurs; the service managed recent outbreaks appropriately included providing updates.

Staff receive education in relation to this Quality Standard and policy documentation guides staff in organisational expectations.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

The performance report dated 7 January 2021 found the service non-compliant in requirement 4(3)(a). Deficiencies related to lack of meaningful activities for consumers who chose not to/or are unable to participate in group activities.

The Assessment Team found the service has taken action to improve its performance under these requirements including:

* A lifestyle staff member allocated to each area for the provision of activity programs
* Regular meetings held to enable consumers/representatives to provide feedback/suggestions for new activities
* Changes to the physical environment to enable consumers to independently access additional internal/external areas
* Improved staff communication methods to advise of consumers requests to attend activity programs
* A care manager is now situated in each building to enable greater oversight of consumer’s participation in activity programs

I am satisfied the service has addressed previous deficiencies and demonstrates each consumer gets safe and effective services/supports for daily living that meet their needs/goals and preferences and optimise independence quality of life. I find requirement 4(3)(a) to be compliant.

Consumers consider they receive support to engage in activities of choice; are satisfied lifestyle programs meet their needs/preferences and receive appropriate support from other organisations. They consider they are supported to pursue individual interests, maintain personal/social relationships and remain in contact with those of importance. They gave examples of how the service supports their choice in attending activity programs and express satisfaction they feel connected/engaged in meaningful activities; acknowledging they can access various areas within the environment. Consumers consider their emotional, social, spiritual and psychological needs are appropriately met and express satisfaction relating to meals; including staff knowledge of their individual dietary needs. Consumers can access differing levels and were observed participating in individual and/or group programs in all areas of the environment.

Documentation detailed consumer’s individual needs and preferences, plus information transfer to those providing services, and referrals to other support providers. Documentation includes spiritual, emotional, psychological, dietary preferences/needs, life history, cultural and individual interests. A pictorial profile guides staff awareness of consumer’s birthplace, interests/hobbies, pets, occupation and people of importance to each. Pastoral care staff regularly visit, and staff referenced the processes of re-engaging volunteer assistance, and links with community groups and local schools, which had ceased due to Covid-19 legislative restrictions.

Staff demonstrate knowledge of consumer’s preferred activities of choice and how consumer/representative feedback contributes to lifestyle programs. They gave examples of support to promote emotional, spiritual and psychological wellbeing, contact with those of importance, and how consumers are supported to attend activities with external provider/volunteer involvement. Staff were observed interacting with consumers and providing emotional support. Programs are available for consumers who prefer individual activities and those living with visual deficits.

Consumers and representatives consider current information relating to care needs is shared with those responsible for care provision and staff demonstrate thorough knowledge of consumers individual needs. Demonstration of timely and appropriate referrals to other organisations/providers of care was evident. Consumers express confidence referral to appropriate providers occurs and staff gave examples such as National Disability Insurance Scheme, Chaplaincy and Emotional Wellbeing for Older Persons. Management advised of pending involvement in a University survey gathering consumer feedback relating to leisure activities.

Effective processes include consumers in menu development and feedback regarding food quality; staff demonstrate how feedback results in menu review. A process ensures catering/care staff are informed of specific dietary needs/preferences and processes ensure meals and drinks are served according to consumers’ dietary needs and preferences. Most consumers express satisfaction with a variety of suitable quality/quantity of meal delivery, however some noted dissatisfaction with meal temperature and not aware of meal options or feedback forums. Management committed to rectifying these issues and the assessment team observed staff offering consumers’ meal options during food delivery.

The service demonstrate equipment is safe, suitable, clean, well-maintained and staff described the process for maintenance programs and repair work. Consumers and representatives express satisfaction of suitable, sufficient, clean equipment and resources.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 3 of 3 specific requirements have been assessed as Compliant.

The performance report dated 7 January 2021 found the service non-compliant in requirement 5(3)(b). Deficiencies related to the service not meeting the requirement to enable consumers to move freely both indoors and outdoors.

The Assessment Team found the service has taken action to improve its performance under these requirements which include:

* Changes made to lift accessibility to enable consumers (and visitors) to independently access floors, outdoor garden areas within both buildings. Assessments conducted to ensure consumers ability to independently access alternative areas
* A lifestyle staff member allocated to each area for the provision of activity programs and improved staff communication methods to advise of consumers requests to attend activity programs
* A care manager office now situated in each building to enable greater oversight of consumers and activity programs

I am satisfied the service has addressed previous deficiencies and demonstrates consumers are able to freely move between indoors/outdoors, levels and buildings. I find requirement 5(3)(b) to be compliant.

Consumers consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible for engagement with others. They consider the environment is welcoming/home-like, easy to navigate and express enjoyment of garden and outdoor areas. They noted satisfaction furniture, fittings and equipment are safe, clean, well maintained and meet their needs. Consumers were observed independently accessing several areas including internal/outdoor areas, accessing lifts to move between levels and buildings.

The assessment team observed a safe living environment, several indoor and outdoor communal areas plus signage to support wayfinding. Furniture is appropriately positioned; handrails assist mobility and artworks provide a home-like ambience. Consumers rooms contain personalised items/decorations which reflect individuality.

Staff demonstrate knowledge of cleaning and preventative/reactionary maintenance systems relating to furniture, fittings and equipment. The assessment team noted most furniture, fittings and equipment appear to be safe, clean, well-maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and preventative/corrective maintenance processes.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 4 of 4 specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider support is provided relating to feedback/complaints processes, and timely responses received. Consumers express confidence of feeling safe in providing feedback and various methods of doing so, including external organisations. Consumers consider they are supported to participate in meetings, gave examples of responses received when communicating feedback and expressed satisfaction this is used to improve services. The assessment team noted meeting forums encourage consumers to voice their opinions. They observed the delivery of new equipment as a positive outcome to one consumer’s feedback.

The service demonstrates actions taken in response to complaints, including use of open disclosure principles when things go wrong. Documentation details recording of complaints including actions, resolution, follow-up processes (to ensure ongoing satisfaction) and trending processes to identify areas of improvement. Resources are utilised to assist consumers with language difficulties and information relating to advocacy, language services, interpreters and external avenues for feedback is on display. Staff gave examples of supporting consumers/representatives to voice concerns, knowledge of open disclosure principles and the process regarding escalating issues of concern. Management and staff gave examples of recent improvements resulting from consumer feedback regarding admission processes and timely notification of consumer’s medication during hospital transfer.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Consumers consider they receive care and services from management and staff who are knowledgeable, capable and display a caring attitude. They said staff are kind and caring when providing care, are confident staff are competent/skilled in their roles, feel safe when staff are assisting them and they (plus representatives) said most of the time there are enough staff to meet consumers’ needs.

Staff consider there are usually enough staff to deliver care and services and a mostly effective replacement process for unplanned leave. Management advised of strategies used in rostering to ensure sufficiency when staff are on unplanned leave. Monitoring and auditing processes are used to ensure sufficiency, responsiveness to requests for assistance and respectful interactions. Appropriate equipment/resources are provided for staff to carry out duties of their role and they receive ongoing support, regular training, professional development, supervision and feedback to enable them to perform their roles and develop skills. Staff demonstrate sound knowledge/understanding of processes/policies and consumers’ individual needs/preferences. They gave examples of training provided and express positive feedback in relation to performance review.

Staff were observed responding to consumers request for assistance in a timely manner and demonstrating patience, respect and knowledge of individual needs.

Management detailed processes used for ensuring enough staff and skill mix, requirements for qualifications specific to each role and replacement when unplanned leave occurs. Orientation and training are provided relevant to organisational processes/expectations, consumer’s needs, competencies and required capabilities. Management gave examples of monitoring staff competency and professional registrations and how training needs are identified. A system ensures regular assessment, monitoring and review of staff performance; staff noted participation and achieving positive outcomes. Management demonstrate the process for managing staff non-conformance with expectations. Education and training records detail examples of training relating to the Aged Care Quality Standards, including changes in legislative requirements and monitoring processes ensure education relates to feedback received and knowledge deficits.

Policy documentation guides staff of organisational requirements/expectations relating to this Quality Standard.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Multiple mechanisms support consumers and representatives to provide feedback and engage in continuous improvement activities and outcomes. Consumers/representatives consider the organisation is well run and they are encouraged to partner in improving care and services. Members of the management team demonstrate methods of engaging consumers/representatives in the development of care delivery and consumer’s involvement in recent improvement activities/outcomes was evident.

Documentation detailed input from consumers/representatives, responsiveness of management in implementing continuous improvement activities. The organisation’s governing body, board members and clinical governance framework is effective in demonstrating aspects of continuous improvement, information, finance, feedback/complaints, workforce governance and regulatory compliance. Consumers and representatives are invited to attend leadership and board meetings and members of the board attend several activities to engage with consumers and representatives.

The service demonstrates how the organisation’s governing body promotes a safe, inclusive culture and delivery of quality care and services. Systems include policy/procedures to guide staff in consistent application of expectations and forums/leadership groups report to the Board. Governing body involvement to monitor and ensure compliance with Quality Standards is evident. Staff describe how board members and management team promote principles of safety. Staff training and education is reviewed by board members to ensure the focus relates to providing safe and quality care and services. The management team advised of overarching organisational systems in relation to management of high impact/high prevalence risks and staff demonstrate knowledge of risks and processes of reporting/incidents.

The service demonstrates appropriate systems, processes and outcomes. Policies, procedure and workflow directives guide staff in organisational expectations relating to all Quality Standards. Staff receive education regarding policies and provided examples of policy relevance in their work. They demonstrate knowledge of complaint/continuous improvement, regulatory responsibilities, minimising restrictive practices and principles of antimicrobial stewardship. Monitoring processes ensure ongoing compliance. The organisation’s clinical governance framework includes guidance covering antimicrobial stewardship, minimising restrictive practices and principles of open disclosure.

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