RFBI Berry Masonic Village

Performance Report

41 Albany Street
BERRY NSW 2535
Phone number: 02 4464 2765

**Commission ID:** 0401

**Provider name:** Royal Freemasons’ Benevolent Institution

**Site Audit date:** 19 April 2022 to 21 April 2022

**Date of Performance Report:** 31 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 20 May 2022.
* 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 felt respected by staff and that their identity, culture and diversity was valued. Consumers said staff supported their interests and important relationships. Staff demonstrated a shared understanding of consumers’ backgrounds, including their preferred language, cultural background, lifestyle interests, family history and religious preferences, and were observed treating consumers with dignity and respect. Staff described how consumers’ cultural background influenced the delivery of care and services. The service had policies that recognised the cultural diversity of consumers and documented strategies to support specific consumer groups, such as a book of sign language to communicate with hearing impaired consumers.

Staff described how they encouraged consumer independence and supported them to make informed decisions about their care and services. Consumers said they felt supported to exercise choice and independence regarding meals, activities, personal care and relationships. The service had policies and documents to support consumers to make informed decisions and maintain relationships.

Consumers were supported to take risks and live the life they choose, including making choices about diet and mobilising. Staff described how they assess risks in consultation with consumers, representatives and health professionals to support informed decision-making by consumers.

Consumers and their representatives said they received regular communication from the service through newsletters, emails, activity calendar and information on noticeboards. The service stated it provided information in a variety of ways, in response to the needs of consumers.

Consumers said staff respect their privacy when providing care and services. Staff were observed closing doors when delivering care and services and greeting consumers when approaching them to provide care. Confidential care planning information was observed to be stored in locked offices. The service had a Privacy Policy that included use of personal information, disclosure of personal information, personal information storage and security, data quality, accessing private information, privacy online, complaints processes.

## 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 expressed they felt like partners in the assessment and planning of their care and services. Staff described how they use assessment and planning to inform the delivery of safe and effective care, including when consumers enter the service. Care planning documentation identified the risks to consumers’ health and well-being, such as mobility and skin integrity.

Consumers said they were involved in the assessment and planning of their care and confirmed the service had discussed end of life planning with them. Care documentation detailed consumers’ needs, goals and preferences, including for current care and service needs and for end of life wishes. Staff described consumer preferences regarding personal and clinical care, and end of life planning.

The Assessment Team inspected care planning documents which demonstrated that external providers were involved in caring for consumers, such as dieticians, specialist dementia services and speech therapists. Staff explained that external providers were also involved in assessment, planning and review processes following incidents and changes in consumer health. Care documentation evidenced that care plans were reviewed on a regular basis and when circumstances changed.

Consumers and representatives said that outcomes of assessment and planning were communicated to them and they were able to access their care plans. Staff explained that care planning processes were discussed at consumer meetings. Care documentation evidenced that outcomes of assessment and planning were documented in care plans, case conference notes and progress notes and were accessible to staff and visiting health professionals through the electronic care management system.

## 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 considered they received personal care and clinical care that was safe and right for them and met their individual needs and preferences. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers.

Care documentation showed that high-impact and high-prevalence risks such as wound care were identified, and appropriate interventions were documented for each consumer. Staff described strategies used to minimise and manage risks for consumers, which was consistent with care planning documentation. The service had a risk management framework that guided how risks were identified, managed and recorded.

Care documentation demonstrated the needs and preferences of consumers nearing the end of their life were recognised, and their comfort and dignity was maximised. Staff said that Advance Care Directives were discussed with consumers on entry to the service and described how care delivery changes as consumers near the end of their life.

Staff provided examples of how changes in consumers’ condition were recognised responded to, such as communicating with the care team and referring to appropriate providers. Care documentation demonstrated that deterioration or changes to consumers’ condition were recognised and responded to in a timely manner, and representatives were notified.

Care documentation included sufficient information to support effective and safe sharing of consumers’ condition, preferences, and care needs within the service and with external providers. This included identifying who was involved in the assessment and planning process, such as the representative, staff, and other health professionals. Care planning documents also evidenced timely referrals to and input from other service providers and organisations.

### 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 and representatives considered that suitable services and supports were provided that enabled consumers to do the things they want to do. Consumers provided examples of supports that helped them optimise their independence and quality of life, including dining options, personal care, psychological support, receiving visitors and participating in activities. Care planning documents detailed consumers’ goals and preferences for daily living, leisure, meals, and other things of importance to them. The service engaged lifestyle staff, who demonstrated awareness of individual consumers interests and preferences, and described how this information informs program design.

Consumers outlined the different ways they received emotional, spiritual, and psychological support, and said they were comfortable speaking to staff when needed. Consumer care planning documents included information about consumer’s spiritual beliefs, psychological health, and strategies to support their emotional well-being such as topics to talk about, topics to avoid and people who are important to them. Staff described how they monitored and supported changes in consumers’ well-being.

Care planning documentation detailed consumers’ lifestyle interests, important relationships and how consumers wish to participate in activities and outings. This ensured consumers received appropriate support for daily living. Consumers provided examples of how they kept in touch with friends and family and their preferences for engaging in activities and outings. Staff explained how consumers participated in the community and remained connected with people who were important to them.

Staff described to the Assessment Team how consumers’ changing condition, needs and preferences were communicated, such as through handover meetings and progress notes in consumer care files. Care documents included appropriate information about consumers’ needs and preferences and identified referrals to external providers. Staff had up to date knowledge on each consumer and maintained relationships with other organisations and providers of care and services.

Consumers provided positive feedback about their meal quality, variety, and portion size. They said they have good communication with staff to have input for their meal options. Care planning documents reflected dietary needs and preferences that aligned with consumer feedback. Staff demonstrated awareness of each consumer’s dietary needs and preferences and how these were recorded. The Assessment Team observed meals being served in the dining room and on trays to consumers in their rooms.

Equipment provided for consumers was observed to be suitable, clean, and well maintained. Shared items were clean and tidy. Staff said they had access to sufficient and suitable equipment that is kept in good working order, 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 felt they belonged in the service and felt safe and comfortable in the service environment. Consumers were supported to personalise their rooms with photographs and items of importance and described elements of the service environment that made it a nice place to live. The service environment was observed to be welcoming and easy to navigate with functional areas consumers could use independently or with others.

The service environment was observed to be clean and well maintained, with appropriate signage to support consumer mobility. The service had well maintained outdoor areas and gardens and suitable outdoor furniture. Consumers were observed to be freely mobilising in the service, including those using mobility aids.

Consumers expressed satisfaction with the furniture, fittings and equipment at the service and considered that staff knew how to use it safely. Staff described how shared equipment was cleaned, stored, and maintained.

Management and staff outlined that maintenance requests are placed into the maintenance logbook or communicated verbally by staff or the consumers themselves. The Assessment Team observed a preventative maintenance schedule that included external providers where necessary.

## 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 considered they felt encouraged and supported to give feedback and make complaints and felt confident that feedback was acted on by the service.

Consumers and representatives were aware of external translation, advocacy, and complaint mechanisms, however they indicated they are comfortable with raising concerns directly with staff and management. The Assessment Team noted that feedback forms, posters for raising complaints externally and brochures for advocates and language services were displayed and readily available in the communal area of the service. Staff demonstrated an understanding of how to support consumers to access these services.

Staff explained how they supported consumers to provide feedback, including through completing complaint forms for consumers if required. The service organises consumer meetings where consumers can make suggestions for improvement and provide positive feedback. Complaints and feedback were observed to be recorded in the complaints register, including follow up and resolution. External complaints processes and minutes from consumer meetings were observed on display at the service. Consumers receive a handbook that includes advice on how to make complaints, including details for advocate and language services.

Consumers and their representatives said they were generally satisfied that appropriate action was taken in response to feedback and complaints and provided examples of change that had been implemented in response to feedback. Staff said that feedback and complaints are addressed promptly as a matter of continuous improvement. The service had an open disclosure policy and staff demonstrated a shared understanding of how this applies in practice. Care documentation evidenced open disclosure relating to falls, injuries, and health related concerns.

## 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 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team recommended Requirement 7(3)(a) was not met, regarding workforce planning. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service Non-compliant with Requirement 7(3)(a). I have provided reasons for my findings in the specific Requirement below.

Consumers and their representatives’ considered staff were kind, caring and had the appropriate skills to provide care. Staff were observed interacting with consumers in a respectful manner, including through addressing consumers using their preferred names and engaging in friendly and familiar conversations.

The service had processes in place to recruit suitable staff, and consumers expressed confidence in their skills and knowledge. Staff participated in ongoing training, supervision, monitoring, and performance management and could request additional training when required. The service noted the creation of a new Nurse Educator role, established to strengthen staff retention, clinical skills, and training.

Staff performance was regularly assessed, monitored, and reviewed, through probationary and ongoing performance reviews, observations, orientation and onboarding processes, analysis of internal audit and clinical data, and through consumer, representative and staff feedback. Staff noted that regular constructive feedback was provided by managers. Management advised that staff performance appraisals were behind schedule due to staff vacancies, however the Assessment Team observed progress being made to bringing them up to date.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

Consumers considered staff were competent, knowledgeable, and caring, however, several expressed concern about staff availability and the timeliness of care provided. The Assessment Team brought forward examples where consumers experienced delays in call bell responses, which negatively impacted their dignity and the support they received. Relevant (summarised) evidence included:

* One named consumer, who was a known high falls risk and multiple physical diagnosis requiring assistance for both mobility and hygiene, the Assessment Team inspected call bell data and identified numerous instances of response times exceeding service policy.
* One named consumer who described to the Assessment Team how delays in requests for assistance delayed personal care and toileting, causing embarrassment.
* Staff who advised that long call bell response times were associated with insufficient staff numbers and said they often could not provide timely support.
* Management advised the Assessment Team a call bell response time audit was completed in early 2022, and management was aware of delays in answering call bells. The Assessment Team analysed call bell data for the period 1 October 2021 to 20 April 2022, the average response time was calculated to be 22 minutes, exceeding organisation policy.

The Assessment Team also brought forward evidence under this Requirement relating to unfilled shifts, and the use of agency staff to fill shifts in the preceding three months. The Assessment Team identified multiple unfilled shifts, overtime shifts and the use of agency staff throughout January 2022. The Site Audit report noted the board report on labour and staffing report for March 2022 did not contain workforce staffing and rostering statistics for February or March 2022.

In its written response of 20 May 2022, the Approved Provider advised the call bell response times identified in the Site Audit report were inaccurate. The Approved Provider stated that technical errors in the system and call bell events included in the calculation that were not necessarily requests for assistance and included data, such as the staff switch, direct calls via lanyards or wrist devices and ensuite calls. The Approved Provider calculated that 96% of calls were answered within 20 minutes and noted that response times were reviewed weekly and discussed at handover and staff meetings.

In its written response, the Approved Provider further advised the lack of workforce and rostering data was due to the transition to a new corporate rostering, time, and attendance system. It noted the roster information the Assessment Team reviewed was taken from the new system, which was missing information such as agency staff and shifts that were filled later. The Approved Provider gave additional evidence for the fortnight to 24 April 2022 which showed that shifts for all staff except Registered Nurses were filled and advised that two Registered Nurses have since been recruited and commenced at the service.

While I acknowledge the actions taken by the Approved Provider, I remain of the view that at the time of the Site Audit the service did not demonstrate that the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. I find this Requirement Non-compliant.

### 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 they were supported to partner in improving the development, delivery and evaluation of care and services. Staff outlined how consumers and representatives informed the planning of care and services through feedback forms, participation in consumer and representative meetings, consultation on specific topics and participating in meetings relating to lifestyle activities and work health and safety.

The organisation’s governing body was accountable for the delivery of safe, inclusive and quality care and services. Management advised that membership of the board responded to the Aged Care Quality and Safety Commission Quality Standards. The board approved expansion of the Clinical Governance Committee, improved information and communication and technology systems and the establishment of a Nurse Practitioner role. The board received monthly reports on quality and clinical indicator trends.

The service had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. The service’s governance and risk management systems were effective; and management and staff demonstrated an understanding and application of the principles of the policies. Consumer’s clinical and personal care information, including assessments and care plans were accurate, and consumers and representatives were satisfied they have access to appropriate information about care and services. The service was able to demonstrate the workforce was sufficiently trained and qualified to deliver care and services,

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 and supporting consumers to live their best life. Staff demonstrated an understanding of these policies and attended training to minimise risks. The board participates in incident reviews and reports where required and directs service change to minimise risk and support consumer safety. The service had an incident reporting and investigation procedure that promotes an open approach towards quality and improvement.

The organisation had a clinical governance framework that included policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had received training on these policies provided examples of how they were applied.

## 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.

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