St Andrew’s Hostel

Performance Report

98 Forrest Street
ARDEER VIC 3022
Phone number: 03 9311 9143

**Commission ID:** 3963

**Provider name:** The Community of Cypriots of the Northern Suburbs of Melbourne Inc

**Site Audit date:** 9 May 2022 to 11 May 2022

**Date of Performance Report:** 17 June 2022

# Performance report prepared by

 James Howard delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit conducted from 9 May 2022 to 11 May 2022; 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 31 May 2022.
* other information and intelligence held by the Commission in relation to this service.

# 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

Consumers and representatives considered they were treated with dignity and respect and could maintain their identities, make informed choices about their care and services and live the lives they chose. They said staff knew about and respected each consumer’s identity, whilst keeping them well-informed and supported to make choices. Consumers also felt supported in maintaining their independence and relationships of choice. The information received was accurate, current, timely, and easy to understand.

The service demonstrated consumers were treated with dignity and respect. Staff possessed a strong understanding of individuals’ differing needs and this ensured consumers could maintain their identity within the service, which was supported by consumer feedback. Some of the consumer feedback said that staff were ‘excellent’, they ‘cheered up’ consumers and ‘one-hundred percent’ respected and valued consumers. A number of culturally and linguistically diverse consumers lived at the service and staff were aware of their backgrounds and preferences, in terms of lifestyle activities.

Care planning documents outlined consumers’ backgrounds and personal preferences, supported by the service’s dignity and respect policy. The policy outlined the service’s commitment to providing care and support services in a dignified and respectful manner while recognising consumer identity, culture, differences and diversity.

Overall, the service demonstrated consumers received individual care and services that were culturally safe. Staff provided gentle, culturally safe care and the organisation provided staff training which ensured respectful, safe and effective care. On one occasion, a staff member entered a resident’s room without knocking and, in response, the service issued a staff memo that reinforced the absolute importance of being courteous and respectful and of ensuring consumers’ dignity, privacy and confidentiality were respected.

The Quality Standard is assessed Compliant as six of the six specific requirements were 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 COMPLIANTOngoing 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

Most consumers and representatives considered they were partners in the ongoing assessment and planning of their care and services. They received the care they needed and were involved in the planning process, including end-of-life care planning. Consumers and representatives said staff involved them in the assessment and planning of the care through conversations with clinical staff or management, which were conducted in person, by telephone or at case conferences. Consumers and representatives said that outcomes and updates to their care plans were effectively communicated and information was readily available. The service regularly reviewed care and services for effectiveness, which ensured that when circumstances changed consumers’ care plans still met the needs, goals, or preferences of consumers.

The service demonstrated assessment and care planning, including risks to the consumer's health and well-being, informed the delivery of safe and effective care and services. This was also reflected in consumer care planning documentation. Care needs and risks were identified when consumers first entered the service, with initial assessments being completed within the first 24 hours, with further assessments after the first 28 days in the service and then monthly reviews thereafter. Assessments included assessments of mobility, vision, hearing, pain, skin, personal preferences, spiritual and emotional needs, nutrition and hydration, and others as required for each consumer. The service’s policies and procedures guided staff practice when conducting assessments and care planning for consumers. Advance care planning and end-of-life planning was discussed with consumers and representatives when the consumer wished and as consumers’ care needs changed.

The service provided allied health referral services that were approved by management. The service’s electronic care system contained all consumer care planning and progress notes. Care plans were organised chronologically and labelled for prompt and easy identification and access by staff. Any changes or updates to consumers’ care needs were readily available to staff, with handover provided at the beginning of each shift. Clinical and care staff reviewed all changes to consumers’ conditions. Clinical staff also monitored progress notes, staff daily tasks and any incidents that needed referrals or re-assessment.

The Quality Standard is assessed as Compliant as five of the five specific requirements were 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 COMPLIANTPersonal 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 they received personal care and clinical care that was safe and right for them and was delivered in accordance with their needs and preferences. They confirmed high impact and high prevalence risks were identified and well managed at the service. The service demonstrated consumers who were nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences. Consumers’ care planning documents and progress notes reflected the identification of, and response to, deterioration or changes in conditions.‎ Staff effectively communicated consumers’ care needs and preferences and consumers received the care they required.

Care planning documentation showed consumers’ individual needs and preferences informed the provision of safe and effective personal care, including effective communication of information within the organisation and outside to other care providers, and timely and appropriate referrals to the medical officer and allied health professionals which supported consumers’ health and well-being. Care planning documentation reflected the identification of, and response to, changes in consumers’ conditions and health, including the effective management of high impact, high prevalence risks to consumers.

The service had a documented infection control process in place, provided continuing education and training for staff and had two infection prevention control leads at the service, both of whom had completed the required education and training in infection control.

Consumers and representatives received safe and effective personal and clinical care that was best practice, tailored to meet the individual consumer’s needs and optimised their health and well-being. Consumer files (such as assessments, care and service plans, progress notes, treatment directives, medication charts, monitoring records, and relevant correspondence) reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Care planning documentation and progress notes included referrals and recommendations from specialist services and demonstrated directives were implemented and followed.

‎The organisation had policies, procedures, guidelines, and flowcharts for key areas of care, such as restrictive practices, skin integrity and pain management, in line with best practice. All consumers on psychotropic medications had medical prescriptions, relevant diagnoses, with alternatives trialled and reviewed by a medical officer, and documented consent obtained from representatives concerning the use of psychotropic medications. The service’s pain management policy outlined the service's commitment to eliminating all levels of pain through the delivery of pain management programs, to enable consumers to experience optimum quality of life. Staff could access this information via the organisation’s intranet and hard copy information.

A registered nurse was always available to help care staff with any issues. ‎Clinical staff received regular training on clinical matters including, but not limited to, restrictive practices. Other services to support consumers were also available on site and through contractors, which included physiotherapists, speech pathologists, dietitians, and mental health professionals.

The service had systems and processes in place which ensured consumers received safe and effective personal and clinical care, including clinical audits and whole of service audits. The service provided staff with training which supported best practice. The monthly clinical indicator report demonstrated how the service analysed trends and analysed and responded to clinical indicators, incidents, and risks. Management and staff discussed clinical indicators at staff meetings and used them to identify improvements in the delivery of consumer care.

Consumers and representatives said the service recognised and responded to changes in consumers’ conditions in a timely manner. Clinical and care staff were guided by policies and procedures that supported staff to recognise and respond to deterioration or changes in a consumer’s condition. Consumers’ records were regularly monitored by registered nurses and deterioration or changes in consumers’ mental, cognitive, or physical functions, capacities or conditions were recognised and responded to in a timely manner and representatives were notified.

The Quality Standard is assessed as seven of the seven specific requirements were 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 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 and representatives confirmed that consumers were supported by the service to do the things they liked to do, in ways they liked to do them. This included external services, as well as services that supported consumers’ emotional, spiritual and psychological wellbeing. ‎Consumers and representatives confirmed that consumers were supported to keep in touch with people who were important to them. Consumers’ conditions, needs and preferences were effectively communicated within the organisation. ‎Consumers and representatives confirmed regular, timely and appropriate referrals were made to other individuals, organisations and providers of other care which maximised consumers’ health and well-being. Consumers advised they liked the food, their dietary needs and preferences were met, and the equipment used for activities for daily living was suitable, clean and well maintained.

Staff demonstrated an understanding of specific consumers’ daily living needs and preferences, and how they supported consumers to do the things they wanted to do. Care planning documentation contained information about consumers' daily living needs and preferences. The lifestyle services and supports at the service provided a range of services for consumers and documentation showed activities were tailored to consumers' needs and informed by consumer feedback. The service's activities calendar for the month had activities and events for all 7 days each week, such as sensory activities for consumers with dementia, religious services, pampering and exercise activities.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’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 they belonged in the service and felt safe and comfortable in the service environment. Consumers said they felt at home, visitors were welcomed respectfully by staff and their needs were accommodated. Consumers and representatives reported the service was clean and well maintained. Consumers could move freely in the service and access outdoor areas if they wished. ‎Consumers and representatives said that equipment, furniture and fittings in the service were clean, safe, well maintained and suitable to consumers’ needs and preferences.

The service was observed to be a welcoming environment that supported independent navigation by consumers, with multiple shared areas for consumers to interact. The service’s design reflected dementia-enabling principles of design and had sufficient lighting and handrails to enable consumers to move around. The service environment incorporated decorations according to consumer culture such as the Greek flag in the lounge area. The outdoor courtyard had walkways and garden areas, with tables and chairs for consumers. Management described how it ensured the service was welcoming by having constant engagement with consumers through verbal feedback, suggestion forms, consumer satisfaction surveys, and consumer and representative meetings.

‎Management described various features of the service environment designed to support consumers with cognitive impairment, which included signage, handrails, natural light, and having corners with chairs that consumers could recognise to re-orient themselves. ‎Maintenance staff said they tried to accommodate consumers’ needs, as staff and consumers felt like family. One of the residents liked to assist with collecting lawn clippings and dead leaves and placing them in garbage bags, which were then collected by the maintenance team. The service added this to its regular cleaning schedule, which accommodated the resident’s activity and ensured all rubbish was collected daily. ‎Hospitality staff said they greeted consumers and their representatives in a positive and light-hearted manner and made sure to take time to chat with them. ‎Care staff said that the service had a homely and welcoming environment which optimised consumers' wellbeing.

The Quality Standard is assessed as Compliant as three of the three specific requirements were 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 COMPLIANTFeedback 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

Consumers considered they were encouraged and supported to give feedback and make complaints, and that the service took appropriate action in response. All consumers and representatives interviewed said they felt safe and supported to provide feedback or to raise concerns with staff and management. ‎They were satisfied with the actions taken by the service in response to complaints and concerns about their care. ‎Consumers and representatives also described how the service used feedback to improve the quality of their care and services.

The service had written documents that outlined and supported its commitment to ensuring consumers were encouraged to provide feedback and feedback was used to improve the quality of care and services. The organisation used best practice principles to encourage feedback and respond to complaints.

Management encouraged consumers and representatives to provide feedback through a variety of channels, which included face-to-face meetings, feedback forms, emails, phone calls and messages. Consumers and representative were encouraged to provide feedback during regular meetings with staff. ‎Management said surveys about food, activities, and services allowed it to identify consumer issues or concerns. Contact details for the Aged Care Quality and Safety Commission were placed throughout the service in both English and Greek. Management said Greek-speaking staff ensured consumers and representatives were able to raise any issues or concerns.

The service’s open disclosure policy was based on the principles of the Aged Care Open Disclosure Framework, with a commitment to establish and maintain an environment that reduced harm to consumers and created a ‘no-blame’ culture, where staff and others felt supported and encouraged to identify and report problems. Staff described actions taken in relation to recent complaints and demonstrated an understanding of how to use an open disclosure process in relation to complaints. An apology would be offered to the consumer in the event of something going wrong and the clinical lead would be advised. ‎Management and staff described the principles of open disclosure as being transparent, open to communication, apologising when something went wrong, and acknowledging the issue and what had been done in response.

Management outlined and described all informal complaints raised by consumers and representatives, as well as formal complaints that were reviewed in the complaints register. The service’s plan for continuous improvement outlined how feedback was used to improve the quality of care and services in line with the Quality Standards. The service managed its comments, complaints and compliments register in line with the Quality Standards.

The Quality Standard is assessed as Compliant as four of the four specific requirements were 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 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

Consumers considered they received quality care and services when needed, from people who were knowledgeable, capable and caring. ‎‎All consumers and representatives interviewed confirmed that staff were kind, caring and gentle when providing care. ‎Most consumers and representatives confirmed they had no concerns about staffing numbers or the speed at which staff responded to their care requirements and advised staff always checked up on them. Staff stated they knew what they were doing and did not identify any areas where they felt they required more training.

Management showed how the service’s workforce was sufficient in numbers and skills to provide safe and quality care and services. Staff said they were trained and supported to perform their roles. No issues were noted with call bell response times. Management said staffing levels in the service were determined by current consumer needs and if consumer numbers or consumer needs increased, then the service would recruit more staff. Staff had access to mandatory training and records showed training was up-to-date. One representative provided feedback regarding weekend staffing levels and management advised direct care remained unchanged on the weekends. This accorded with other consumer and representative feedback that weekend staffing levels did not impact on the safety and quality of care being delivered by staff. The service also had preferred agencies for emergency staffing requirements, ensuring there are no “vacant shifts, as reported by the organisation.

The service’s workforce attributes policy outlined its commitment to following the values of the service by being kind, caring, and respectful of each consumer’s identity, culture and diversity, to take opportunities to learn more about providing care to consumers in a way that was kind, caring, and respectful and to support the employment of staff who had the right skills and knowledge.

Documentation showed staff were trained and supported to deliver outcomes and the service regularly monitored staff performance, both formally and informally. The service had a buddy shift orientation checklist and an agency workforce induction checklist which ensured new and external staff were competent and skilled. Management advised staff were rotated through, or allocated to, multiple roles which allowed staff to diversify their skill sets, helped them learn all aspects of aged care and accorded with suggestions in staff performance development plans.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and their representatives considered the organisation was well run and they felt like partners in improving the delivery of care and services. ‎The organisation communicated with them in a timely and regular manner, which enabled them to remain informed and active in the evaluation of care and services provided. ‎Consumers and representatives said they were provided with opportunities to participate in the development of activities and services through quarterly consumer meetings and regular surveys. ‎Consumers and representatives said they were confident that when they provided recommendations about improvements, their recommendations were taken seriously.

Management said, and documentation demonstrated, the service promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The service demonstrated how it implemented effective governance systems relating to the improvement of management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service had documented policies and procedures that guided clinical practices and risk management and staff demonstrated their understanding of these policies and provided examples of how they were implemented in practice.

The service had established processes which supported consumers to engage in the development, delivery and evaluation of care and services. The service’s policies and procedures that promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. This included an organisational structure that governed the delivery of quality care and services at St Andrews and its sister service, with clinical leads at each facility reporting to the Board of Directors. The organisation maintained a service-specific Continuous Improvement Plan, which was monitored by the service’s management team, and an incident reporting and investigation procedure that promoted an open approach towards quality improvement. ‎‎The staff education schedule included training on the Serious Incident Response Scheme and mandatory reporting.

‎Management said, and consumers and representatives confirmed, there were a variety of ways consumers were involved in the development, delivery, and evaluation of services at the organisation, such as quarterly consumer meetings and care plan monthly review meetings, which included a goal-setting process for each consumer. The organisation also conducted bi-annual ad-hoc surveys, a Medication Advisory Committee met quarterly and discussed medication incidents, antimicrobial stewardship, and clinical indicators registers. Monthly manager meetings discussed quality and safety, legislation changes, policies and procedures, complaints trends and staffing.

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.*

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

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

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

# Areas for improvement

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