St Hedwig Village

Performance Report

140 Reservoir Road   
BLACKTOWN NSW 2148  
Phone number: 02 9831 4744

**Commission ID:** 2782

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 3 May 2022 to 6 May 2022

**Date of Performance Report:** 31 May 2022

# Performance report prepared by

G Cherry, 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 3-6 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 30 May 2022.
* information 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

Consumers consider they are treated with dignity and respect, can maintain their identity and independence, make informed choices about their care and are supported to take risks of choice. Consumers consider staff value them, are kind, friendly and support them to participate in activities both in and external to the service.

Consumers consider care and services are delivered in a manner which demonstrates respect of their culture, diversity, background and life history. They said staff discuss risks associated with their choices and provided examples of how staff support them to participate in a safe manner. Consumers and representatives consider they are informed of changes to care and receive information to enable informed decisions.

The Assessment Team observed staff providing privacy during care delivery, seeking consumers preferences and respectful interactions. Staff from all domains including hospitality, and pastoral care were observed interacting with consumers in various languages. Care staff described consumers personal life history, culture, diversity and how these aspects are considered when providing care and services. Staff demonstrated knowledge of consumers’ backgrounds and preferences that influence individualised day-to-day delivery of care. Staff advised of receiving regular training related to this Quality Standard.

Registered staff gave examples of supporting consumers to make informed choices through engagement and consultation during assessment and care planning discussions and referred to consumers in a respectful manner. Staff gave examples of maintaining confidentiality and privacy during care delivery and when communicating with others. Staff gave examples of how they communicate with non-verbal/cognitively impaired consumers to ensure they are aware when staff are attending to personal care. Various methods are employed to gather feedback in relation to satisfaction that consumers are treated with dignity and choices are respected.

Documentation contains respectful and inclusive language, guided by organisational culturally safe diversity, inclusive and culturally appropriate care plans. Polices relating to privacy and dignity, diversity, inclusivity and open disclosure are accessible to guide staff; including a consumer centred care policy to encourage, support and nurture consumers physical, social, mental, cultural and spiritual needs.

Care planning processes consider religious affiliations, personal beliefs, individualised cultural needs and demonstrates discussion of mitigation strategies relating to risk. Documentation is stored in a confidential manner and electronic records are password protected.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers consider they (or their representative) are involved in initial and ongoing planning of care and services, including end of life choices. Consumers and representatives consider said staff involve them in the assessment and planning of care through conversations and meetings, upon initial entry, on a regular ongoing basis, when incidents occur, and/or consumers’ needs change. Staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives consider they are included/informed in the outcome of assessment and care planning, they have access to care plan documentation and medical officers, nurse practitioners, and other specialists and health professionals are included in this process.

Clinical and care staff described assessment, care and services planning and review processes and how staff involve consumers, and others where required, including how incidents inform review of care and services. Clinical risk assessments are completed.

Overall, the service demonstrates a partnership approach with consumers and/or representative to involve them in assessment and care planning. Organisational documented processes guide staff practice in undertaking initial assessment, care planning and regular ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities, involvement of others and gave examples of positive consumer outcomes.

The Assessment Team reviewed assessment, care and services planning documentation, including advanced care plans/end of life plans and noted regular review and case conferencing meetings occur with input from consumers and others of their choosing. Most care planning documents are individualised although the Assessment Team identified some documented nutritional/dietary and behavioural management goals are generic in nature.

Care and services plans contain information relative to risks to each consumer’s health and wellbeing and detail agreed strategies to mitigate risk. Documentation reflects involvement by consumers, their representatives, medical officers, nurse practitioners, specialists and allied health professionals. Representatives and appropriate medical and allied health professionals are involved when circumstances changes and/or when incidents occur.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Overall, interviewed consumers consider they get quality care and services when they need, from staff who are knowledgeable and capable. The service demonstrated consumer care was safe, clinical staff manage consumer’s specific clinical needs, and generally appropriate action is taken to deterioration in consumer’s health including regular medical reviews in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs, including incidents and consider clinical staff, specialists and medical officers implement appropriate clinical care needs. Consumers consider staff address their clinical needs.

The service generally demonstrates appropriate systems to ensure consumers receive effective clinical care tailored to their needs, however the Assessment Team noted some deficiencies to ensure each consumer’s pain management needs are considered when conducting wound management practices. The Approved Provider supplied evidence consideration to alternative non-pharmalogical strategies is given and appropriate pain-relieving medication provided. Clinical and care staff are aware of triggers, strategies and desired outcomes for consumers requiring complex clinical care.

Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure their comfort is maximised and dignity maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life. Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to guide them in delivering clinical care that is best practice, individualised and tailored to consumer’s specific needs.

Documentation review demonstrated the service identifies high-impact or high-prevalence risk through the assessment process and document strategies for effective management of these risks. Clinical and care staff demonstrate knowledge of consumer’s personal and clinical needs. Strategies for risks such as falls, aspiration, diabetes, weight loss, medication, behavioural management are effectively managed. Clinical indicators are discussed at relevant forums.

Clinical staff demonstrate an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of improved consumer outcomes. Staff are trained in the process for reporting incidents and escalation processes if they have concerns. Incidents and identified risks are reported, monitored and analysed to ensure effective management and implement improvement activities.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are generally referred to specialists and allied health services in a timely manner and subsequent directives implemented. The Assessment Team noted while not all specialist directives were attended for two consumers a negative impact did not occur. Care plans detailed personal and clinical care management strategies based on assessed needs, consultation with consumers and representatives and referral to a range of specialists and health professionals.

The service demonstrated a system of standardand transmission-based precautions to prevent and control infection, and practices promoting appropriate antibiotic use. Documentation detailed precautionary and responsive actions to infections and the Assessment Team observed staff adhering to appropriate practices regarding minimisation and infection prevention. Staff demonstrate understanding of infection control prevention and management methods including antimicrobial stewardship principles. The service has a process to guide staff in appropriate practices and an Outbreak Management Plan to guide management of an outbreak.

Organisational policies and procedures guide staff in the provision of care relating to this Quality Standard. Although there are no documented procedures relating to external referrals, via review of consumers’ care documentation the Assessment Team noted referrals are timely and appropriate.

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

### Assessment of Standard 3 Requirements

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

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

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

The service demonstrated appropriate systems to ensure consumers receive effective care tailored to their needs, relating to best practice and optimising health and well-being. For example, in relation to restrictive practices they demonstrated a reduction and/or cessation in psychotropic medication for some consumers.

Documentation review noted that following falls and/or other incidents, review by the clinical nurses, nurse practitioner, medical officer and physiotherapist occurs and, in general pain, vital signs and neurological observations are monitored, representatives notified, and incident reports completed.

The Assessment Team noted some deficiencies in documentation relating to wound care and pain management for two consumers who experienced incidents requiring wound care. They bought forward evidence the service did not take into consideration possible pain relief to be given prior to wound care management, when/if consumers demonstrate resistiveness to care or exhibits pain.

In their response the approved provider detailed evidence of regular assessment and pain review, plus demonstration of considered non-pharmalogical alternative strategies due to current medication regimes. I have taken into consideration the evidence provided by senior clinicians in relation to demonstration of appropriate clinical management.

I find this requirement is compliant

### 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

Consumers consider they get services and supports for daily living that are important for their health and well-being and enable them to do things they choose. There are a range of methods for ensuring consumers are engaged in choice of services to enable independence and participate in activities to promote well-being and quality of life.

Consumers and representatives expressed positive feedback in relation to staff supporting consumers to keep in touch with those of importance and attendance of activities within and external to the service. Consumers expressed satisfaction with the quality and quantity of meals and staff’s awareness of their food preferences and dietary needs. Consumers/representatives consider consumers needs and preferences are effectively communicated to staff and others and timely referrals to other organisations occurs. They consider staff provide emotional, spiritual and psychological support when required.

Staff demonstrate knowledge of consumer’s individual preferences/needs and described services and supports to assist independence. They gave examples of supporting consumers to participate in leisure and lifestyle activities and supports to promote emotional, spiritual and psychological wellbeing. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences.

Lifestyle programs cater to include consumers in activities of choice, including those who prefer not to participate in group settings, are living with cognitive/physical deficits, and/or alternative language needs. Management and staff described emotional, spiritual and psychological supports, including access to community service groups, attendance at spiritual services and spending individual time with those who require emotional support and/or prefer not to participate in communal activities.

Care planning documentation detailed information relevant to consumer’s needs including life history, spiritual, emotional and psychological needs and preferences, family, social connections, days of significance and dietary needs/preferences. Organisational documentation is available to guide staff in relation to consumer centred care and aspects of this Quality Standard.

The Assessment Team observed consumers moving throughout the service with staff providing support as needed, engaged in group and individual activities, meal service and attending chapel. The Assessment Team observed the environment and furniture/fittings to be clean, well-maintained and suitable for consumer use.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been 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 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall, consumers consider they belong and feel safe and comfortable within the service environment. Consumers gave a range of feedback including they feel at home, visitors are welcomed and there are communal and private seating areas. They expressed satisfaction with cleaning of the environment and equipment, furniture and fittings assist independence, and they find the environment easy to navigate. Consumers independently access outside areas of choice and use the lift to gain access between levels.

Staff described processes for ensuring equipment is cleaned and maintained, reporting of hazards and/or repair work and receive training regarding equipment use. The environment maximises support for consumer’s independence via navigational aids/directories, mobility aids, seating areas. There is a preventative and responsive maintenance program, a cleaning program and a system to ensure appropriate stocks of goods and equipment are available. Management advised of recent refurbishment of some rooms, upgrading of the telephone system and plans for constructing a new building.

The Assessment Team observed the environment to be welcoming, odour free, appropriate noise levels, some directional signage, appropriate lighting and room temperature. They noted limited visual aids to assist consumers in identifying their individual rooms. Consumers have access to outdoor areas and balconies, were observed to be utilising communal areas and leaving the service for outings.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and their representatives consider they are encouraged/ supported and feel comfortable to give feedback and complaints, and appropriate, timely action is taken in response. There are several mechanisms to capture feedback/complaints and to inform improvement.

Consumers provide a range of feedback including, feeling safe and confident they could make complaints, familiar with the ways in which to do so and feedback is used to improve services. They gave examples of changes/improvement made as a result of feedback. Consumers demonstrated an awareness of advocacy services available and alternative methods for raising complaints. Most verified open disclosure processes were followed, including an apology and preventative measures implemented to avoid reoccurring incidents.

Staff gave examples of how to manage consumer or representative feedback and gave examples of assisting consumers/family members with advocacy and language services. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements. Staff demonstrated knowledge of open disclosure practices and organisational guiding policies.

Documentation detailed policies and procedures to guide the management and documentation of feedback and complaints. Comprehensive documentation demonstrated feedback and complaints are captured, analysed, lead to service improvement and resolution achieved. There is information displayed throughout the service for consumers and representatives regarding language services, advocates and external modes of complaints management.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers expressed satisfaction that staff are kind, caring and considerate of consumers needs when providing care, they feel safe when staff assist them, they are suitably skilled and there is enough staff to provide care in a timely manner. Some commented agency staff were not completely familiar with individual consumers’ requirements, however noted no significant impact to consumers.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity and requesting access before entering consumer’s rooms.

Staff consider they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, supervision and feedback to enable them to effectively perform their responsibilities. Staff said the service maintains coverage of shifts and there are enough staff to manage workflows and respond to consumers’ needs.

Management noted the rostering system considers consumers’ current acuity and the number and mix of staff is monitored via workforce meetings, feedback, care planning reviews and trend reporting. Management demonstrated staff are required to have registered qualifications specific to the role before appointment and provide orientation and training relevant to the service’s process and current consumer cohort.

Education and training records demonstrate examples of training provided to staff regarding the Quality Standards, changes in legislative requirements and relevant competencies for designated roles. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role. There are systems for the regular assessment, monitoring and review of staff performance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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 consider the organisation is well run and they partner in delivery of care and services improvement through active participation in a variety of methods. Consumers and representatives consider they participate in decisions relating to consumers care and services and management/staff regularly communicate to ensure they are kept informed of changes, including COVID-19 requirements.

The organisational governing body ensures consumers and representatives are engaged in aspects of the business relating to consumer care. The service demonstrated examples of consumer and representative engagement in decisions relating to care and services and the implementation of continuous improvement.

Effective governance systems were evident in relation to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance including an escalation and reporting pathway. Board member involvement in the overarching running of the service was demonstrated. The organisation has an embedded clinical governance framework that facilitates engagement with external providers in the development of non-pharmacological strategies for consumer care. The clinical governance framework includes the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure.

The Assessment Team observed documentation, and management and staff demonstrated opportunities for improvement are identified, incidents and feedback are used to drive continuous improvement and there is a process for the governing body to monitor compliance with the Quality Standards. Critical incidents and clinical indicators are analysed, opportunities for improvement identified and actioned. Critical incidents and clinical indicators are reviewed and referred to the Board to ensure oversight and accountability.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, clinical and risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting policies and procedures to support both frameworks and the Quality Standards. Documentation review and observation of care practices include risk identification/management and mitigation strategies and a governance framework outlining accountability, roles and responsibilities.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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.