The Oaks Residential Aged Care Facility

Performance Report

56 Locke Street   
WARWICK QLD 4370  
Phone number: 07 4660 3511

**Commission ID:** 5462

**Provider name:** Queensland Health

**Site Audit date:** 14 March 2022 to 16 March 2022

**Date of Performance Report:** 22 April 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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* 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

Consumers and representatives confirmed they were treated with dignity and respect, with their identity, culture and diversity valued. Staff and management demonstrated a shared understanding of the cultural identities of consumers and spoke of consumers in a dignified and respectful manner. A review of care planning documentation demonstrated the use respectful language and contained cultural information related to each consumer.

Consumers and representatives indicated the care and services provided to consumers was culturally safe. Staff outlined how they support consumers to celebrate culturally significant events.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff were able to provide examples of how they support consumers to exercise choice and independence. The service’s welcome pack encouraged consumers to discuss care and services, and to identify to the service who they prefer to have make decisions about and be involved in their care.

Management outlined that if consumers chose to engage in activities with an element of risk, the potential risks were discussed with the consumer and their representative, and the discussion documented. Consumers were able to describe the ways the service supports them to take risks to enable them to live the best life they can. Care planning documentation evidenced the completion of risk waiver forms which outlined a description of potential risks and the acceptance of the risk, signed by a staff member and the consumer.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice and control. Lifestyle staff indicated an activities calendar was displayed in common areas of the service and that they visit consumers throughout the day to advise of upcoming activities. The Assessment Team observed information displayed throughout the service notifying consumers of menu choices, upcoming activities and other correspondence.

The service was able to demonstrate that the privacy of consumers was respected, and personal information kept confidential. The Assessment Team observed staff closing doors and speaking privately in consumer’s rooms and staff were further observed to lock service computers when unattended.

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

The service demonstrated assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. Consumers and representatives expressed satisfaction with the assessment and planning process at the service and felt involved. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks.

Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced health directives. Staff were able to describe how the consumer’s current needs, goals and preferences shape the way care is provided. The Assessment Team observed the service’s advance care planning procedure which describes the processes for improving patient care related to advance care planning.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Consumers and representatives confirmed they were consulted in the creation of care plans and staff regularly engaged with them. Staff were able to describe how medical officers and other specialists were involved in the assessment and planning process.

Consumers and representatives confirmed the outcomes of assessment and planning have been communicated and are able to access consumer care plans upon request. Staff advised they have access to the assessment and planning outcomes of consumers to ensure the delivery of safe and effective care.

Care planning documentation confirmed care plans were reviewed on a regular basis and when the consumer’s circumstances changed, or incidents occurred. Staff advised that consumers experiencing pain were reviewed twice per shift and a report created for the service’s staff handover. Staff demonstrated a shared understanding of the care plan review process and outlined care plans were reviewed quarterly or when the consumer experiences a change of care needs.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives indicated that consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation evidenced the care and supports provided to consumers was individualised and tailored to meet their needs. Staff outlined how the service’s policies and procedures informed the delivery of safe and effective care. The Assessment Team noted that consumers subject to restrictive practices were receiving care in accordance with the service’s guidelines.

The service had processes in place to manage and monitor risks associated with the care of consumers. Staff demonstrated that high impact risks such as pain and pressure injuries to consumers were appropriately managed, mitigated, and approaches were based on best practice processes. The Assessment Team observed the consumer rooms to contain safety equipment utilised to prevent consumer falls and minimise harm.

Staff were able to describe how to provide care to consumers that were palliating or requiring end of life care. Care planning documentation demonstrated that all consumers have an advance health directive and/or statement of choices and/or an advanced resuscitation plan. The Assessment Team noted policies and procedures in place to guide practices for end of life care.

Deterioration or changes in a consumer’s health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff advised they use verbal and non-verbal feedback to assess pain and deterioration in a consumer, if a deterioration is identified the Registered Nurse would be notified. The Assessment Team noted the service had a work instruction outlining the management of pain, these instructions confirm a Registered Nurse will be responsible for ensuring that all consumers admitted to the service will have a pain assessment, and both the consumer and representative will be consulted.

Consumers and representatives indicated the service provides regular communication between consumers, representatives and allied health professionals and were satisfied the consumer’s condition, needs and preferences were documented. Staff demonstrated that changes in the care and services of consumers were communicated within the service through progress notes and handover processes, as well as electronic documentation system. The Assessment Team observed progress notes on the electronic care management system, detailing the sharing of information between clinical and care staff.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Staff demonstrated a shared understanding of the referral process and outlined the potential circumstances that would warrant a referral to different types of health professionals.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples of how they minimised the use of antibiotics. Consumers confirmed that staff were regularly seen to wash their hands and use sanitiser. The Assessment Team observed a noticeboard on display near the entrance of the facility outlining COVID-19 directives, as well as the regular disinfection of commonly used surfaces throughout the service.

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

### Assessment of Standard 3 Requirements

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

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

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

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 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 and representatives felt that consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers; this information was consistent with care planning documentation. A review of consumer meeting minutes by the Assessment Team indicated that consumers were supported to share their preferences for activities.

Consumers and representatives expressed that the service provided support for daily living to promote the emotional, spiritual, and psychological well-being for each consumer. Care planning documentation included information about the emotional, spiritual and psychological needs of consumers and the strategies in place to support these needs. Staff demonstrated a shared understanding of consumer’s needs and outlined they would provide additional support to the consumer if they identify a negative change in the consumer’s mood.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Consumers described the acitivites they enjoy and how the service assists to facilitate and organise these activities. The Assessment Team observed consumers participating in group and individual activities, sharing meals together, and communicating with each other and visitors.

Consumers and representatives reported that information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Staff indicated that changes to consumers’ care and services were communicated through verbal and documented handover processes. The service utilised an electronic care management system for all consumer care planning documentation. Access to the electronic care management system was available for all staff and external organisations where services and supports for daily living was shared, such as allied health professionals.

Staff demonstrated a shared understanding of the external supports utilised by consumers and could identify the supports and external organisations available to consumers if required. The service had documented processes in place to create referrals to external providers of care and supports. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with their preferences and dietary requirements. The Assessment Team observed staff offer consumers a choice of meal options and assisting consumers with their meals. Care planning documentation outlined the dietary requirements of consumers, allergies, preferences and preferred portion size, kitchen staff were readily able to access this information from the electronic care management system.

The service was able to demonstrate that equipment is safe, suitable, clean, and well maintained. Staff reported they have access to the required equipment to support consumers in their daily activities. The Assessment Team observed equipment such as hoists, wheelchairs and walkers to be stored safely and in a clean and usable condition.

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

Consumers expressed that the service was welcoming, and consumers felt at home within the service environment. The Assessment Team observed consumer rooms to be clean and personalised to include their own decorations. Staff were able to identify the locations within the service where consumers preferred to spend their time and outlined the functionality of the environment to support consumers with cognitive impairments.

The service was observed to be safe, clean, well maintained and comfortable, consumers were able to move freely throughout the facility, both indoors and outdoors. Corridors within the facility were free from obstacles to allow clear and safe movement for consumers. Consumers expressed positive feedback regarding the cleanliness of the service and noted that the service was regularly cleaned and well-maintained. Staff were aware of the process for recording maintenance issues and stated they would report issues directly to maintenance staff if it required immediate action. A review of weekly cleaning schedules, maintenance logs, and observations by the Assessment Team demonstrated proactive action to potential hazards was taken, and the environment is clean and safe.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Staff outlined that equipment is regularly services, and all shared equipment is sanitised between uses. A review of the preventative maintenance schedule outlined the servicing of equipment such as lifting machines, scales and weigh chairs, commodes, and wheelchairs. The call bell system was in effective operation.

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 representatives stated they were encouraged and supported to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and could describe the ways they would support a consumer to lodge a complaint. The Assessment Team observed a mailbox available within the service’s reception area which allowed consumers and representatives to provide feedback to the service.

Management advised that information about accessing advocacy services was contained within the service’s admission pack. Consumers and representatives were aware of the available advocacy services to assist with making a complaint regarding the care provided to them by the service. The Assessment Team reviewed the three most recent resident newsletters and noted that the newsletters contained information about accessing advocacy services.

Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure was utilised. Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process. Consumer feedback was included as a standing agenda item in staff, management and organisation meetings.

Management was able to describe the process where feedback and complaints were entered into the service’s electronic feedback management system and assigned to staff for actioning. Consumers advised that the service used feedback and complaints to improve the quality of care and services. For example, a consumer outlined that some flooring required replacement, this issue was brought up within the residents meeting. As a result of the feedback, the service consulted with consumers to seek their input regarding the style and colour of the flooring they preferred ultimately remedied the issue.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised that they undertook business planning activities to ensure the service had the correct mix of workforce skills. A resource forecast was developed by the service manager and submitted to executive management for approval annually. Staff expressed that the service had sufficient staffing levels to provide care to consumers. The Assessment Team reviewed the call bell system on three occasions during the Site Audit and found that no calls exceeded a ten-minute response time, the average response time was 2.3 minutes.

Consumers and representatives expressed that workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity, this feedback was consistent with observations made by the Assessment Team. Staff demonstrated a shared understanding of consumers’ cultural identities and provided examples of how they supported and respected consumers’ diversity and culture.

Management advised the service ensured the workforce was competent and had the qualifications and knowledge to effectively perform their roles through a variety of methods, such as, the induction program, a buddying system for new staff to be paired together with more experienced staff, annual performance reviews and the service’s open door policy that encouraged staff to discuss any issues or questions they may have with senior management. Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet the care needs of consumers. The Assessment Team’s review of documents relating to the education of staff indicated that they are appropriately qualified, have or are undertaking mandatory training and that the service undertakes the necessary qualification checks required for their roles.

The service was able to demonstrate how the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these standards. Staff advised that the service provided the training necessary to perform their roles, and the service was willing to provide additional training when requested. Consumers and representatives confirmed that staff and management had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. A review of mandatory training records by the Assessment Team indicated that all staff were compliant.

The service had an appropriate performance and development system that include the regular assessment, monitoring and review of staff performance. Staff confirmed the occurrence of annual performance reviews with their supervisors to monitor performance and identify skill gaps. The Assessment Team noted the service had an employee performance procedure in place which outlined the process to be followed for monitoring 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

The service ensured consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. Management advised that the service conducted an annual survey of consumer experience, the responses were reviewed by management and any identified trends input into the quality improvement plan. A named consumer expressed positive feedback regarding the opportunity to provide feedback to staff during the residents meeting.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery through their ongoing self-assessments of the Quality Standards, internal and external operation audits and their ongoing analysis of performance data. The Assessment Team observed the governing body communicated decisions and provided relevant information to staff and consumers through various channels. Management and staff met monthly to discuss and review continuous improvement, learning and improvement actions were captured and included within the service’s continuous improvement plan.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities. A review of the minutes of monthly staff and management meetings by the Assessment Team included a review of the incident management report and discussions of learnings.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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.