



# The Willochra Home

## Performance Report

Cnr Gadd Avenue & Allan Street  
CRYSTAL BROOK SA 5523  
Phone number: 08 8636 2320

**Commission ID:** 6097

**Provider name:** The Synod of the Anglican Church of Australia in the  
Diocese of Willochra Incorporated

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 18 July 2022



## Performance report prepared by

Janine Renna, 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

<b>Standard 1 Consumer dignity and choice</b>	<b>Compliant</b>
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
<b>Standard 2 Ongoing assessment and planning with consumers</b>	<b>Compliant</b>
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
<b>Standard 3 Personal care and clinical care</b>	<b>Compliant</b>
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
<b>Standard 4 Services and supports for daily living</b>	<b>Compliant</b>
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
<b>Standard 5 Organisation's service environment</b>	<b>Compliant</b>
Requirement 5(3)(a)	Compliant
Requirement 5(3)(b)	Compliant
Requirement 5(3)(c)	Compliant
<b>Standard 6 Feedback and complaints</b>	<b>Compliant</b>
Requirement 6(3)(a)	Compliant
Requirement 6(3)(b)	Compliant
Requirement 6(3)(c)	Compliant
Requirement 6(3)(d)	Compliant
<b>Standard 7 Human resources</b>	<b>Compliant</b>
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
<b>Standard 8 Organisational governance</b>	<b>Compliant</b>
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 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; and
- the provider did not respond to the Site Audit report.



# 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:

2. The organisation:
  - (a) has a culture of inclusion and respect for consumers; and
  - (b) supports consumers to exercise choice and independence; and
  - (c) respects consumers' privacy.

## Assessment of Standard 1

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Overall, sampled consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose.

Consumers said staff are kind, respectful and supportive of their identity, culture and diversity. Staff were knowledgeable of consumers' personal history, cultural background, preferences and things of importance to them. Staff spoke about, and were observed interacting with, consumers in respectful and compassionate manner.

Care planning documents included individualised information about each sampled consumer, including preferences for care and aspects of their lives which are important to maintain their identity, culture and diversity. Staff provided examples of how this information is used to ensure care and services are culturally safe.

Consumers are supported to exercise choice and independence in relation to when they are assisted with personal care, what they would like for meals, preferred activities, and are encouraged to maintain their independence. Staff described how they engage with consumers to facilitate choice and independence, and how they support consumers to maintain relationships.

Consumers felt supported to take risks. Where a consumer chooses to undertake an activity that involves an element of risk, assessments are undertaken, strategies



implemented, and consultation occurs with consumers and representatives. Staff were knowledgeable about risks associated with consumers' choices and were knowledgeable of the organisation's dignity of risk processes.

Information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers, representatives and staff said consumers receive information through various channels, including phone calls, emails, social media, the activities calendar, brochures, newsletters and meetings, and consumers considered the level of information sufficient to make appropriate choices about their care and service delivery.

Consumers and representatives confirmed consumers' privacy is respected and staff provided examples of how staff respect consumers' personal space and are mindful of their dignity when providing care. The organisation has policies and procedures in place to ensure consumers' privacy is respected and confidentiality of consumer information is maintained.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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:*

- (i) make decisions about their own care and the way care and services are delivered; and*
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and*
- (iii) communicate their decisions; and*
- (iv) 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:

1. 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:

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

### Assessment of Standard 2

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Care planning documentation showed comprehensive assessment and planning that included consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. On entry, assessments are undertaken to identify risk and guide staff in the delivery of safe and effective care and services. These include, but are not limited to, pain, skin, nutrition, mobility, cognitive function, communication, continence and toileting, emotional and psychological well-being and behaviours. Staff demonstrated an understanding of assessment and planning processes.

Advance care and end of life planning are completed on entry, as part of care evaluation processes and any other time as needed, and include consumers' preferences in relation to palliative care wishes, goals, religious needs and funeral directives. Staff demonstrated an understanding of sampled consumers' end of life preferences and described advance care and end of life processes.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. On entry, consumers are asked who they would like to involve in the assessment and planning processes. Following development of care plans, case conferences are held with consumers and





representatives to discuss consumers' care and service needs. The organisation has policies to inform staff of the process of completing assessments in partnership with consumers and representatives.

Outcomes of assessment and planning are communicated to consumers and representatives at case conferences, and representatives are offered a copy of care plans via email. Consumers and representatives said consumers' care plans had been discussed with them and they are able to view the care plan at any time.

There are processes to ensure 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. Six-monthly care plan review processes are in place to ensure all aspects of consumers' care are aligned to their changing needs and preferences. Consumers said staff consult with them in relation to their care plan and ask if they are satisfied with the care and services they receive.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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:*

- (i) 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*
- (ii) 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:

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

### Assessment of Standard 3

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers consider they receive personal and clinical care that is safe and right for them.

Care files sampled demonstrated effective management of pain, skin integrity issues and diabetes. Consumers receiving psychotropic medications have been identified and Behaviour care plans are in place to guide staff on non-pharmacological strategies to be used prior to use of restraint, triggers, consumer history and consent. A register and audit tool are used to monitor and review the use of restraints. Staff described how they provide best practice and tailored care to consumers. The service maintains guidance material to direct staff in best practice clinical care delivery. Consumers and representatives were satisfied with the clinical and personal care provided.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed to ensure care and services are delivered in line with consumers' assessed needs and preferences. Care files demonstrated appropriate management of risks relating to behaviour, choking and falls. Consumers are placed on a risk matrix to understand the level of risk associated with their care. New consumers, those determined to be high risk or those that have had incidents, are discussed at weekly risk meetings to ensure their risks are effectively managed. Staff demonstrated strong familiarity with



sampled consumers' high impact or high prevalence risks and discussed strategies implemented to mitigate the risks. Staff confirmed they have had training around high risk areas. The organisation has policies and procedures to assist and guide staff to provide safe and effective care to all consumers.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. End of life wishes are documented to guide staff on consumers' needs, goals and preferences when nearing the end of life. Staff provided examples of additional support and monitoring provided to consumers when clinically deteriorating, including emotional, spiritual, cultural and clinical care.

Documentation and interviews with staff showed deterioration in consumers' health, cognition or physical function is recognised and responded to in a timely manner, including initiating appropriate referrals, conducting assessments and implementing additional clinical care congruent to changed needs.

Information regarding consumers' condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Staff said they access up-to-date consumer information through care plans and at handover. Consumers and representatives considered consumers' needs and preferences are effectively communicated between staff.

Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers' health care needs. The organisation has policies and procedures to guide staff in the referral process.

There are processes in place to support the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote antibiotic prescribing and use to reduce the risk of increasing resistance to antibiotics. Staff demonstrated knowledge of antimicrobial stewardship principles, described strategies used to minimise the need for antibiotics and provided examples of action taken to prevent the spread of infection. The service has policies and procedures to guide staff in relation to infection control, including outbreak management. Trends in infection are reported monthly to ensure they are being effectively managed, and antibiotics are being used appropriately.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.



## 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:*

- (i) is best practice; and*
- (ii) is tailored to their needs; and*
- (iii) 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:*

- (i) standard and transmission based precautions to prevent and control infection; and*
- (ii) 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:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

### Assessment of Standard 4

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Overall, sampled consumers considered the service supports them to do the things they want to do, and which are important for their health and well-being.

Care planning documentation included information in relation to consumers' goals, lifestyle and activity preferences, relationships of importance and needs and preferences in relation to emotional, social, spiritual and cultural support. Staff demonstrated knowledge and understanding of sampled consumers' needs and preferences in line their care plans. Activities are planned based on consumer needs, preferences, feedback and suggestions. To foster engagement and limit potential isolation, consumer participation in activities is regularly reviewed to identify if additional supports are needed. Throughout the duration of the Site Audit, consumers were observed participating in a range of individual and activities, including leaving the service independently or with family.

Services and supports are in place to promote each consumer's emotional, spiritual and psychological well-being. Care staff explained how they identify and respond to consumers who need additional support and were knowledgeable about strategies to support sampled consumers emotional, spiritual and psychological well-being. Consumers said staff provide them with support when they are feeling low, including regular check-ins and good communication.

Consumers described how they are supported to participate in their community within and outside the organisation's service environment, have social and personal



relationships and do things of interest to them, including participating in lifestyle activities, going for walks or driving independently and socialising.

There are processes in place to ensure information about the consumer's condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. Staff said they are kept up-to-date with consumers' changing condition, needs and preferences through handover meetings and by accessing consumers' care plans. Consumers felt staff know their condition, needs and preferences, including dietary of food preferences, emotional needs, and choices.

Care planning documentation showed appropriate referrals to individuals, organisations and providers of other care and services for the provision of supports for daily living. Volunteers, Allied health staff and a member of the clergy were observed interacting with consumers throughout the Site Audit.

Consumers gave positive feedback about the food and stated they are provided choice, meals were varied and of suitable quality and quantity. Consumers confirmed the service responds adequately to feedback about food. The service's menu caters for consumer preferences, allergies and religious, cultural and dietary requirements. The menu includes various meal options to allow consumers to exercise choice. Staff detailed how they become aware of changes to existing consumers' dietary needs or preferences. Staff were observed asking consumers if they enjoyed their meal and if they were not eating much, whether they would like a different option.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they have access to the equipment they need to mobilise safely, and staff demonstrated an understanding of preventative and reactive maintenance processes to ensure equipment is clean and in good condition.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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:*

- (i) participate in their community within and outside the organisation's service environment; and*
- (ii) have social and personal relationships; and*
- (iii) 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:

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

### Assessment of Standard 5

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Sampled consumers feel they belong and feel safe and comfortable in the service environment. Consumers reported the environment is clean and well maintained, and they are free to use all communal areas. Consumers also confirmed the furniture and equipment they use is clean, well maintained and suitable for their needs.

Staff demonstrated how they ensure the service environment is clean and safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming with individual rooms decorated with photographs and other personal items and were clean and well maintained. The layout of the environment enabled consumers to move around freely, with suitable furniture and fittings to help consumers navigate. Consumers were observed outside in the various garden and courtyard areas or sitting in the open lounge areas, chatting to others, or watching television.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation's service environment.



## 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:*

- (i) is safe, clean, well maintained and comfortable; and*
- (ii) 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:

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

### Assessment of Standard 6

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints.

The service has multiple mechanisms in place for providing feedback and complaints, including feedback forms and consumer meetings. Consumers were able to describe how they are supported to provide feedback or make a complaint and staff demonstrated an understanding of the feedback and complaints process.

Advocacy services attend site annually, with consumers and representatives notified through various communication channels. Information relating to internal and external complaints processes and advocacy services was observed in communal areas.

Processes are in place to ensure complaints are followed up and appropriate action is taken. Consumers and representatives said management has acted promptly in response to feedback and complaints. Staff demonstrated an understanding of open disclosure and how it applies to complaints resolution processes, and provided examples of actions taken in response to complaints. When feedback or a complaint is received, it is acknowledged, an apology is offered where appropriate, and actions taken to rectify the issue are provided.



Documentation showed feedback and complaints are recorded and analysed to implement improvements for any trends identified. The service's Plan for continuous improvement reflected feedback from consumers, representatives and staff across the service. Consumers provided examples of how the quality of care and services has been improved as a result of feedback and complaints.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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

### Human resources

## COMPLIANT

#### Consumer outcome:

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

#### Organisation statement:

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

### Assessment of Standard 7

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Sampled consumers considered they get quality care and services when they need them, from people who are knowledgeable, capable and caring.

Processes are in place to ensure the number and mix of staffing enables the delivery and management of safe and quality care and services. Management provided examples of how they ensure the right skills and mix of staff are available to meet each consumer's needs and preferences. While the service does not capture call bell response times, consumers, representatives and staff reported there are enough staff to ensure consumers get the care they need.

The service's mission and philosophy are to create a happy informal and friendly environment. Consumers were observed being encouraged and supported by staff in a positive manner when providing assistance and care. Consumers and representatives said staff are kind and caring, treat consumers with respect and are responsive to the consumers' needs. The organisation has policies to promote a culture of inclusion, respect and privacy.

There are systems to identify if staff have the right mix of skills, qualifications and knowledge to perform their roles. Orientation processes include buddy shifts and mandatory training. Meeting minutes demonstrated ongoing support and opportunities for training and professional development. Consumers and representatives were confident that staff are skilled enough to meet consumers' care



needs and provided examples of timely administration of medication and assistance with activities of daily living.

Staff attend regular professional development or training to improve their knowledge, so they can effectively perform their roles. Staff attendance at mandatory training is monitored and specialised training is provided when needed, including restrictive practices, skin and wound management, privacy and confidentiality, the Serious Incident Response Scheme and infection prevention and control.

Performance management processes are conducted three-months after commencement and annually, and is informed by monitoring, complaints from consumers and/or feedback from peers. The service provided evidence of disciplinary action taken when deficits in staff practice have been identified.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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:

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

### Assessment of Standard 8

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Overall, consumers sampled considered the organisation is well run and they can partner in improving the delivery of care and services.

Consumers and representatives interviewed felt encouraged to make contributions to the way that consumers' care and services are delivered. Feedback from consumers and representatives is sought via feedback and complaints processes, Resident meetings and care plan review processes. The service's Plan for continuous improvement includes evidence of improvements that have resulted from consumer engagement.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by overseeing management, clinical governance, improvement initiatives, feedback and complaints, incidents, policies and procedures.

Interviews with consumers, representatives and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.



The organisation's clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure and antimicrobial stewardship. Monitoring of clinical data and incidents, and feedback and complaints, is undertaken to ensure consumer care is delivered in line with organisational policies and procedures. Internal audits are undertaken and benchmarked against national standards across 14 categories, which include clinical and critical incidents, infection control and antimicrobial stewardship. Restraint authorities and Behaviour care plans are in place for consumers subject to restraint and regular review of restraint was noted by the Assessment Team. The service demonstrated use of open disclosure in response to complaints and incidents, in line with the organisation's policies and governance framework.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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:*

- (i) information management;*
- (ii) continuous improvement;*
- (iii) financial governance;*
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;*
- (v) regulatory compliance;*
- (vi) feedback and complaints.*

### Requirement 8(3)(d)

**Compliant**

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

- (i) managing high impact or high prevalence risks associated with the care of consumers;*



- (ii) *identifying and responding to abuse and neglect of consumers;*
- (iii) *supporting consumers to live the best life they can*
- (iv) *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:*

- (i) *antimicrobial stewardship;*
- (ii) *minimising the use of restraint;*
- (iii) *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.