Aegis St Michael's

Performance Report

53 Wasley Street   
NORTH PERTH WA 6006  
Phone number: 08 9227 2900

**Commission ID:** 7757

**Provider name:** Aegis Aged Care Group Pty Ltd

**Site Audit date:** 17 August 2021 to 18 August 2021

**Date of Performance Report:** 23 September 2021

# 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 Commission’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.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said they are consulted about what is important to them, as well as matters involving their care and services. Consumers confirmed staff treat them with respect and their privacy is respected. Consumers confirmed the service supports them to exercise choice and independence and they have choice of meals, what they do each day and who can provide personal care to them. Consumers said friends and family are welcome in the service.

Staff interviews were consistent with consumer experiences and care planning documents about choice and maintaining relationships. Staff were able to discuss individual consumer’s likes and dislikes and what the service has done to ensure the service provided meets the consumers’ expectations. The Assessment Team observed staff acting in kind and considerate ways towards consumers. Consumers were addressed respectfully by their names. Staff had knowledge of consumers and were able to explain to the Assessment Team what individual consumers preferred in terms of preference and choices relating to care and services being provided.

Care plans show that each consumer has personal information documented relating to their families, previous employment, culture and social history. Information that is important to consumers is reflected here, which provides staff with important information about the person, thereby strengthening the individuality of the consumer.

The management team advised all staff work within the organisation’s philosophy that requires all staff to recognise all consumers as equals deserving of respect, dignity, and compassion and to the maximum extent possible should be offered real choices for a healthy and stimulating lifestyle.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, consumers interviewed by the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed said they are informed of the outcomes of the assessment and planning process. Representatives are invited to meet with clinical staff, and other members of the multidisciplinary team as appropriate, following the development of the consumer’s care plan to ensure the consumer’s needs and preferences have been captured. Consumers said they are provided an opportunity to share their goals and preferences and this information is included in the care plan. Consumers said they can discuss their specific care needs or preferences with staff at any time and changes to the care plan reflect this.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning for consumers. The service involves the consumer and as appropriate the representative, in the assessing and planning of the care and services to be provided to the consumer. Staff are encouraged to involve consumers in making decisions about care and services aiming to improve the consumer’s health and well-being.

The assessment and care planning processes include, information gathered from a variety of sources such as external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. The focus is on providing care and services that optimise the health and well-being of the consumer in accordance with their needs, goals and preferences.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers.

All consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed confirmed they have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an incident affecting them. Consumers and representatives reported they see other health specialists, including a dietician and podiatrist as needed.

Documentation reviewed and interviews by the Assessment Team confirmed there is regular assessment and planning of each consumer’s clinical and personal care. Progress notes capture daily changes in consumer health, and appropriate follow up is completed by the clinical team. Care plans are updated following an incident or decline in health.

The organisation has policies and procedures that support the workforce to deliver care that meets the consumer’s needs, goals and preferences. Clinical and care staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high impact and high prevalence risks for individual consumers and strategies in place to minimise these risks.

The organisation continues to review its precautions to prevent and control infection at the service considering the current COVID-19 pandemic. This includes visiting restrictions, infection prevention and control activities and the management of consumer infection.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers provided examples of how staff support them to attend exercises, church services, complete gardening and receive visitors of their choice. Two consumers described how they do not actively participate in group activities but are provided individual activities to meet their preferences. Most consumers interviewed said they were satisfied with the meals provided at the service.

The Assessment Team found the service demonstrated it completes assessment in consultation with each consumer and/or their representative to identify what interests the consumer would like to continue to do and what is most important to the consumer. The service provides a range of group activities each day. Consumers who prefer not to participate or are unable to are identified and one on one interventions provided.

Staff demonstrated they are responsive to emotional, psychological, and spiritual well-being of consumers. There is access to a range of religious clergy who attend the service and there is also referral for individual consultations. The service supports consumers to remain connected to their families and others including the use of video calling applications. Other referrals are in place to provide consumers access to volunteers and other community services. Staff were observed to provide ongoing reassurance to consumers who become anxious, often with the consumer’s preferred language used.

The service has designated staff who support consumers with their food choices and assistance with meals. A food focus group has been formed with consumers meeting to review meals services, new menus and provide further feedback on what could be done to further improve their meals experience. The service completes internal and external food audits which have been compliant.

The service has processes in place to ensure equipment is fit for purpose and maintained. Audits are completed to ensure consumer safety and effective use of the equipment.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Team also examined relevant documents.

All consumers interviewed by the Assessment Team considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they are encouraged to personalise their rooms with items important to them. Consumers confirmed their satisfaction that the service is clean and comfortable. Consumers confirmed they can move around freely indoors and out into courtyard areas. Outdoor courtyard areas were observed to be safe and used by consumers.

The Assessment Team observed the service to be clean, safe and welcoming. Floors were clear with no evidence of trip hazards, corridors were wide, and the dining room and sitting room areas were clean and comfortable.

Furniture, fittings and equipment were observed to be clean and well maintained. The service demonstrated effective preventative and responsive maintenance systems.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

All consumers interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. All consumers and representatives interviewed stated they understand how to report any concerns or complaints and felt safe to do so. All consumers and representatives were aware they could either talk with staff or management or, submit a form via the feedback box in reception.

All consumers interviewed in relation to food complaints were aware of the mechanisms by which they could report their concerns. For example, via staff, attendance at the food focus group, to the chef at meal service or via submission of the feedback form.

The Assessment Team found the service has a feedback process, staff were able to describe the ways in which they assist consumers when they wish to provide verbal or written feedback and complaints. Management maintains a consolidated file of feedback received and responds to all complaints using an open disclosure approach where appropriate. Consumers and representatives stated they had noticed improvements after raising concerns and documentation reviewed by the Assessment Team showed concerns raised are included on the service’s continuous improvement plan.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers and representatives interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and kind. Consumers and representatives said they felt there were enough staff to provide their care and services.

Staff were observed by the Assessment Team to be respectful, kind and caring when engaging with consumers and through the care delivery. Staff were observed to be patient and took time to explain what was happening. Staff were observed to respect the diversity of consumers and use the consumer’s preferred language where they could or engage a staff member who was able to do so.

The service demonstrated the workforce is planned and there is a sufficient number and mix of staff to provide the delivery and management of safe and quality care and services. Rostering of staff takes into consideration the ongoing care needs of consumers. Care staff are allocated to provide care to the same consumers to provide ongoing consistency for consumers. Registered nurses provide clinical care and support over 24 hours. Lifestyle and hospitality staff provide services over seven days. Allied health officers are based at the service to ensure prompt assessment, review and implementation of strategies to ensure safe and effective management of daily activities for consumers. Review of allocation and rosters showed staff are replaced when there is planned leave and as much as possible when there is unplanned leave prior to a shift commencing.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The service demonstrated the workforce is recruited, trained and equipped and supported to deliver the outcomes of the Quality Standards. Staff complete mandatory training and corporate induction which includes expectations of care under the standards. Training is monitored and where indicated by audits, incidents and/or feedback is provided through a range of online and face to face components.

The service demonstrated there is regular assessment, monitoring and review of the performance of the workforce. Staff complete a comprehensive self-assessment and appraisal process. Staff confirmed there are opportunities to discuss their role and where there can be further training completed. There are processes to ensure performance processes are initiated following concerns raised and where incidents have occurred.

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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives said they are able to speak with the manager if they have concerns and their issues are addressed. Consumers are able to support the development of the activity program, changes to meals and when there are changes being made to the service environment.

The Assessment Team found the service demonstrated their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery. The organisation has reporting structures which provide reports to all levels of leadership. The service demonstrated effective governance systems. Changes have been made to the incident management system to ensure information is captured to assess and decide when reporting should occur to the Serious Incident Response Scheme (SIRS). The service receives regular financial reports and is involved in identifying and planning where spending is required to continue to meet consumers’ assessed needs. There are systems to ensure suggestions, feedback and outcomes of incidents are captured in the continuous improvement plan and actioned. Examples were provided at the service and organisational level of improvements made following identification of gaps.

The service demonstrated effective risk management systems and practices in place to manage consumers who may have high impact, high risk conditions that affect their daily lives. There are processes in place for identifying and responding to abuse and neglect of consumers. The service has an incident management system that provides comprehensive incident information and escalation to relevant decision makers within the organisation. There are processes and guidance for staff to support consumers to live the best life they can. An organisational care and lifestyle team continue to explore opportunities for consumers through understanding each consumer’s risk and lifestyle opportunities.

The service demonstrated there is a clinical governance framework to support the delivery of care and services for consumers. Monitoring occurs to ensure consumer care is provided meeting the organisational policies through collection and analysis of clinical data and incidents. There are processes to provide all staff with updates on clinical incidents, feedback, and improvements.

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.