Arcare Noosa

Performance Report

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**Commission ID:** 5785

**Provider name:** Arcare Pty Ltd

**Site Audit date:** 27 September 2021 to 29 September 2021

**Date of Performance Report:** 3 November 2021

# Performance report prepared by

Melissa Frost, 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 intelligence and information held by the Commission regarding 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 their representatives said staff treat consumers kindly and respectfully and value them as individuals. Staff address consumers by their preferred name, take time to learn about their background and what is important to them. Staff were observed engaging with consumers in a respectful and patient manner, and showing recognition and interest in what is important to consumers.

Consumers are supported to make choices and maintain relationships with people within and outside of the service, and are encouraged to personalise their rooms. Consumers are provided information about activities and meals. Staff demonstrated knowledge of consumer relationships, goals and care preferences.

Consumers have input into how care is delivered and who is involved in their care. Consumers said staff respect preferences and privacy. Staff were observed seeking consent to enter consumers’ rooms.

Care planning documents reflect consumers’ life journey, culture, spiritual preferences, family relationships, activities of interest and preferences. Care documentation is updated when changes occur. Risk assessments and strategies for managing risk are included.

Staff are trained to respect culture and diversity. Staff could describe how each consumer’s culture and background influences the delivery of care and services. Staff support consumers to maintain independence through respecting their choices and supported dignity in relation to risk taking activities. Lifestyle staff facilitate activities and celebrations for areas of importance to consumers.

Staff communicate with consumers to support them to make choices. This includes providing visual aids for consumers with difficulty communicating. An activity calendar is provided to enable consumers to decide to participate in group activities.

The service has policies and procedures to support consumers’ choice and decision making, including a risk management framework. Consumers’ personal information is stored securely and staff maintain confidentiality for consumers.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and their representatives confirmed they are involved in the initial and ongoing planning of consumers’ care, including advance care and end of life planning. A survey conducted by the service reflected high satisfaction with consumers feeling they were included in care planning. Consumers and representatives have access to care plans, if requested, and received information about how to obtain copies.

Care plans are created on entry and then regularly reviewed and updated, including when there is a change in the consumer’s health or on a 3-monthly basis. Care plans were reflective of consumers’ diagnoses, potential risks and care needs, and included their goals and preferences. Staff were observed providing care consistent with consumers’ documented preferences.

The service uses an electronic care management system. Staff received training in its use and registered staff access assessment tools through the system. Care planning documents reflect ongoing partnerships with the consumer and others they want involved in their care. This includes representatives and health professionals. Treatment directives from medical officers and allied health providers were observed to be recorded in the care management system.

Staff said they receive shift handover and have access to the care management system to inform care delivery. They described how the review process occurs, how information is communicated to representatives, and how changes in consumers’ health or any incidents are considered in the review process. Staff received training in palliative care. The service has policies, procedures and guidelines to guide staff in care planning and delivery.

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 their representatives said they consider consumers receive personal care and clinical care that is safe and right for the consumer, with access to health professionals to meet their needs.

Care planning documentation reflected individualised care that was safe, effective and tailored to the needs and preferences of consumers. Care plans described key risks and directives for care staff to manage or mitigate the risk. Care was delivered consistently in line with care plans, including for wound management where improvements were documented, and for end of life care. Care plans and progress notes reflected that staff identified and responded to any change or deterioration in a consumer’s condition, including referring the consumer to health professionals or hospital.

Staff described the needs and risks for individual consumers, and how these were being managed or monitored in line with care plans. Staff described high impact and high prevalence risks and the strategies used to minimise risks, and demonstrated an understanding of consumers’ end of life care needs. Staff were trained in using clinical monitoring tools to screen and identify deterioration of consumers. Management meeting minutes showed clinical indicators are reviewed and discussed regularly, and data is used to inform improvements for consumers. The service introduced monthly falls meetings to address risk.

The service has processes for sharing information and referring consumers to other services. Staff described how information is shared with others such as hospitals. Medical officers and allied health providers have access to the electronic care management system to communicate consumers’ ongoing or changed needs. Care documentation reflected health practitioners’ recommendations were implemented by staff, which positively impacted consumers’ well-being. Staff described how the input of other professionals informs delivery of care and services for consumers.

Staff notify medical officers and representatives if there is a change in consumers’ condition, a clinical incident occurs or there is a referral to another provider. The electronic care management system has alerts to notify staff of changes to consumers’ health status, needs or preferences.

The service has policies, procedures and guidelines to support the provision of safe and effective care delivery. This includes maintaining skin integrity, managing pressure injuries and wounds, and pain management. The service has detailed restrictive practice procedures, with consumers subject to restrictive practice having well-documented information about authorisation, consent and regular monitoring and review. The service has behaviour support plans where applicable, which were reflective of individualised strategies and interventions. The service identified consumers where psychotropic medication had been reduced or ceased.

The service has policies regarding effective infection control practices to minimise infection-related risks and to promote antimicrobial stewardship. Staff described how they minimise risks in consumer care, how they support antimicrobial stewardship, and the training and education they received in relation to infection control. The service has an outbreak management plan and conducts Covid-19 screening of visitors on entry to 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 their representatives considered the service supports consumers to do things they want to do, that are important for their health and quality of life, and staff support consumers to maintain emotional well-being. Consumers have access to a variety of activities and have input into activity program planning, with additional activities added based on consumer feedback. Consumers were observed participating in group and individual activities.

Consumers are supported to participate in the community and maintain relationships within and outside the service, including through organised outings or social visits with friends and family. Consumers said staff maintain privacy and dignity for those in relationships living at the service. Consumers said they enjoy visits with family, and that staff support them to communicate using electronic devices. Consumers were satisfied with their meal quality, portions and ability to choose menu alternatives.

Care planning documents showed a leisure and lifestyle plan with consumers’ preferences for activities, including religious and spiritual needs. Plans listed relationships that are important to consumers and their personal histories to inform staff of what is of interest. The documents included information from others, such as social workers, and have details of representatives and support persons. Care plans contained dietary requirements and preferences, based on assessments from entry.

Staff could explain what is important to consumers and what they like to do. Staff said they are aware of consumers’ ordinary demeanour and provide support when consumers’ behaviour changes. Staff assist consumers with participating in activities and obtaining information in other languages. Staff were observed supporting consumers to mobilise around the service environment.

Staff are informed of when consumers have external engagements through the electronic care management system or through handover. Hospitality staff described their awareness of consumers’ meal needs and preferences through lists and folders that are centrally located.

The service has policies and systems in place to refer consumers to individuals or providers of external services. Lifestyle staff have access to external providers to supplement activities. The kitchen environment was observed to be clean, with staff observing food safety requirements. Equipment appeared well-maintained and suitable, and staff considered they have access to equipment to care for consumers when they need it.

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 said they felt safe and at home living at the service, that it is clean and welcoming for visitors. Consumers can choose to access indoor and outdoor areas, and garden areas were well-maintained. Consumers and representatives said they felt they belonged. The service has an onsite café, where consumers and visitors can meet.

The service environment appeared welcoming and easy for consumers to understand and navigate. The indoor and outdoor areas were observed as being clean, well-maintained and free from obstructions or hazards. Consumers were observed utilising various areas around the service. Staff provided assistance to consumers to move around, if required.

Consumers have individual rooms with ensuites, decorated with personal belongings, and partnered consumers are supported to share rooms if they choose. Consumers in the secure living area have access to an outdoor garden, with navigation aids and additional security measures to maintain safety. The service made improvements such as installing patterned wallpaper to support consumers’ identification of exits.

Consumers were satisfied with cleanliness and maintenance of their rooms and the service environment. The service has cleaning and maintenance schedules, which were observed to be followed, and maintenance and repair policies. Staff were aware of how to record maintenance requests, and logs showed reported issues are resolved promptly.

Furniture, fixtures, fittings and equipment was observed to be well-maintained and suitable for their purpose. Consumers said they felt safe with the equipment provided. Staff demonstrated understanding of how to clean equipment between consumer use and said they had access to suitable equipment to undertake their roles. The call bell response system was working effectively.

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 considered they are encouraged and supported to give feedback and make complaints, and that management takes action or makes changes in response. Consumers said they did not feel restricted or uneasy about providing feedback or complaints. Consumers said they had not used advocacy or language services, though staff were aware of the services and could provide assistance if required.

The service supports consumers to provide feedback through providing brochures (in multiple languages), complaint forms, engaging in meetings with consumers and conducting surveys. Meeting minutes evidence that consumer meetings are regularly held and consumer feedback is communicated. Dedicated feedback boxes are located throughout the service, and information about advocacy was displayed. Staff said they assist consumers to provide feedback through raising issues, providing feedback forms and assisting with form completion.

The service has complaint policies and takes action in response to complaints to improve care and services. The service uses an open disclosure process when things go wrong, which includes providing an apology to the complainant. Consumers said they have received apologies, strategies were implemented following complaints, and they were generally satisfied with the outcome. The service maintains a complaint register, with a record of action taken, and meeting minutes reflect discussion of complaint issues. The service uses complaint information to identify trends. Staff were familiar with the open disclosure policy and knew how to address complaints where care needs or preferences are not met.

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 considered they receive quality care and services from kind, gentle and caring staff. Consumers said staff are well-trained, know what they are doing and there was generally sufficient staff to provide care and prompt assistance. Consumers said staff are respectful of their identify, choices and preferences. A recent consumer experience survey had high ratings for consumers’ satisfaction with staff treating them with dignity and respect. The service communicated with consumers about intended recruitment and actions being implemented to reduce use of agency staff.

Staff ordinarily work in a single area of the service to support continuity of care. Staff considered rosters generally allowed for sufficient staff to be engaged, and they were able to respond to calls for assistance promptly. The service has processes for replacing staff absences, including by extending shifts or calling in agency staff. Call bell and sensor mat response times are monitored, analysed and discussed at staff meetings.

The service has recruitment and orientation processes to engage staff with suitable skills, qualifications and knowledge to undertake their roles. The service provided staff training in a variety of programs, with annual mandatory training modules. Management said training needs are identified through consumer feedback, audit results, performance reviews and clinical indicators. Staff provided examples of training attended to ensure they are aware of best practice and legislative change. Staff said they can identify additional training needs through their performance appraisal. Training records support mandatory training was completed.

Staff received annual performance appraisals, and additional appraisals during probation. Management, clinical and registered staff conduct monitoring through observations to evaluate staff performance. The service has a staff performance framework, and appraisals are documented.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and their representatives considered the service is well run, and they are involved in partnering to improve care and service delivery. Consumers have contributed to changes such as amended menus, additional lifestyle activities, and entertainment choices. Consumers said they feel heard by management and their opinions are valued.

The organisation’s governing body demonstrated accountability and remains informed through receiving reports from management about incidents, consumer feedback and complaints, and continuous improvement activities.

The service’s information management system facilitates staff to access information they need to provide safe and quality care and services. Staff have access to policies and procedures via the organisation’s intranet. Shift handovers occur and heads of department have daily meetings to identify and discuss issues and plan actions. Consumer details are kept in hard copy in the event of any unavailability of the electronic care management system. There are established communication channels for staff training, regulatory changes, disseminating information from the organisation’s head office and engaging with consumers.

Opportunities for continuous improvement are identified, documented in an action plan, monitored and addressed. Critical incidents are analysed and action is taken, with referrals to the Board. The service has governance systems in place for financial matters, workforce management, feedback and complaints. The service has comprehensive processes for maintaining regulatory compliance, and demonstrated a number of policies and practices were updated to cover changes to the Serious Incident Response Scheme, restrictive practices and behaviour support plans.

The service had a documented risk management framework and risk management systems for management of risks, including high-impact and high-prevalence risks. Consumers are supported to take risks, and dignity of risk is maintained, with care documentation evidencing risk assessments and strategies to support consumers. An incident management system was in place to record incident details and actions taken following any incidents. The service has processes to monitor incidents and reports to the Board. Staff were aware of the systems and policies, had received training and could describe how they implement them in providing care.

A clinical governance framework was in place, with policies and practices that guide antimicrobial stewardship, minimising use of restraint and open disclosure. Staff described strategies they use in their work to minimise infection risk, the alternatives to use of restraint and how they manage challenging behaviours of consumers.

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.