Baptcare - St Hilary's Community

Performance Report

16 Elgin Street   
MORWELL VIC 3840  
Phone number: 03 5120 3000

**Commission ID:** 4549

**Provider name:** Baptcare Ltd

**Site Audit date:** 16 March 2021 to 17 March 2021

**Date of Performance Report:** 26 April 2021

# Publication of report

This Performance Report **may 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 and representatives stated the consumers 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 confirmed that staff encouraged them to do things for themselves and that staff know what is important to them.

Lifestyle staff confirmed they identify consumers culture and diversity through the assessment and care planning process and this information is documented on the electronic care system. Consumers and representatives are satisfied with the consumer’s choices and preferences for care and services.

Consumers and representatives said consumers are encouraged to do as much as possible for themselves and spoke of how consumers are being supported to take risks to enable them to live the best life they can. Management said where consumers choose to take risks, these are discussed with the consumer and assessments are undertaken and reviewed as part of the ‘resident of the day’ program.

Consumers and representatives are satisfied that information is current, accurate, timely and communicated in a way that is clear and easy to understand. Consumers and representatives are satisfied with the communication received and receive timely updates about incidents that have occurred.

Consumers and representatives are satisfied that consumers personal privacy is respected, and their personal information is kept confidential.

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.

The care and services provided, supported consumers to maintain health and independence, were aligned to consumer preferences and discussions involved representatives of the consumers choices where applicable. Consumers and representatives said that they had been involved in the planning of consumer care on admission, periodically and when there had been a change in the consumers condition. The service demonstrated monitoring tools used to measure the effectiveness of care plans in delivering safe effective care and services, that meet consumer goals and preferences.

The service provides timely, appropriate information and support to consumers and representatives in relation to discussing advanced care and end of life assessment and care planning.

Consumers said that staff listen to them and care is planned and delivered around what is important to them. The service has policies and procedures in place to support a safe, consultative, consumer centred approach to assessment and care planning for aspects of consumer care. Documentation reviewed confirmed that outcomes of assessments were reflected in the planned care and services.

Consumer and representatives confirmed that care and services are reviewed regularly for effectiveness and updated in response to changes in consumer needs or resulting from adverse incidents.

Assessments, care plans, progress notes and other consumer documentation reflected a team approach to assessment and care planning. It involved consultation with consumers, their chosen representatives, allied health workers (including podiatrist, dietitian, speech pathologist, geriatrician and medical practitioners) and others such as; hospitals, out-reach services, mental health and support services, dementia support, palliative care and religious and pastoral care services.

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.

Consumers and representatives believed the service provided personal and clinical care that was tailored to their needs and preferences and optimised their health and well-being. Consumers stated that they have access to their general practitioner and other health professional services when they require them.

The service minimises risks to consumers through regular reviews of consumer care and reviewing care in response to incidents. Consumers who require the use of chemical restraint are effectively assessed, monitored and reviewed in accordance with regulatory requirements and there is evidence that consultation with consumers and representatives occurs.

Care planning documents evidence consumer wellbeing across all aspects of personal and clinical care including clinical, physical and mental, social and emotional wellbeing. There are policies, workflow process and treatment charts/ records in place to guide staff in best practice skin and wound care management. The service demonstrated effective systems were in place for proactive and reactive monitor and manage pressure area care, including the use of the Waterlow pressure ulcer prevention/ treatment work instructions.

The organisation has policies and systems in place for monitoring and managing prevalent risks. Care documentation reflects the identification of prevalent risks, strategies for reducing these risks and managing adverse events. Prevalent risks assessed, and monitored included; falls, behaviours of concern, pressure injuries, unplanned weight loss and infections.

There is a process in place to ensure that end of life wishes and needs are documented and that care is delivered in line with consumer wishes and consumer comfort is maintained. Declines in a consumer’s condition is identified and documented and timely action is taken by the service. The service has recently commenced the use of the ISBAR (System, background, assessment, recommendation tool to aid in timely recognition and management of deterioration in physical or mental health of consumers.

Consumers and representatives were satisfied that information related to consumers’ needs and preferences was communicated effectively within the organisation and with other organisations responsible for care. The organisation has systems and processes in place to facilitate timely referrals and a multi-disciplinary approach to care delivery.

The service has strengthened infection control practices to reduce the risk of transmission of infections and have enhanced increased infection prevention and control education for staff. Policies and procedure provide staff with guidance to required infection prevention, outbreak management and antimicrobial stewardship practices. Two infection prevention and control leads have been appointed. Antibiotic prescribing is minimised by obtaining pathology results prior to their prescription. Pathology testing is repeated following the completion of the prescribed course of an antibiotic. There are monthly reports on the usage of antibiotics at the service and is also discussed at the service’s regular Medication Advisory Committee meetings.

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 support 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.

Consumers 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. The service demonstrated services and supports for daily living that support each consumers emotional, spiritual and psychological well-being.

Consumers and representatives described being supported to maintain contact with those important to them and to continue to do things of interest. Care plan documentation is individualised and detailed, providing information on how to sustain consumer relationships and interests.

The consumers’ needs and preferences are communicated within the organisation and with others responsible for their care and services. The service engages with a range of other organisations to provide a variety of lifestyle activities for consumers. Care planning documents provide details of individuals and other organisations involved in the provision of lifestyle supports. The range of equipment used by clinical, care and lifestyle staff were clean, suitable and well maintained.

Most consumers and representatives described overall satisfaction with the quality, quantity and variety of meals. However, some consumer did express dissatisfaction with some of the options. Care planning documents note consumers’ food needs and preferences, with any changes to the care plan being communicated to the kitchen and updated on the catering system ‘SoupedUp’. Catering staff were observed practicing infection control and general food safety and work health and safety protocols.

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.

Overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The service environment was found to be welcoming, clean and well maintained. The service offers communal areas of different sizes, both inside and outside. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

Consumers and representatives said that the service is welcoming, easy to move around and the environment helps them feel at home. Representatives said they are made to feel welcome when they visit and encouraged to join consumers in communal areas.

Management advised that the service does not have any specific features designed to support the functioning of consumers with cognitive impairment however consumers with dementia are encouraged by staff to participate in activities that they find to be engaging.

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 feedback register and discussed how staff handle feedback from consumers and staff understanding and application of the requirements under this Standard.

Consumers and representatives are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns. Consumers provided examples of when they have made complaints and how responsive management were in rectifying the matters.

While consumers were not aware of advocacy services they were comfortable in raising concerns with staff or management. The service has appointed consumer advocates in each wing of the service.

Posters and signage are displayed around the service and ‘Do you wish to make a compliment, comment or complaint’ forms and a lodgement box are located at the entrance to the home. Poster displays of external complaints are displayed as well as external complaints and advocacy services brochures available at the entry to the service.

The service was able to show how it responded to complaints using open disclosure. Consumers and representatives described in various ways how feedback and complaints had resulted in improving the quality of care and services. Complaints’ documentation reviewed identified timely action taken by management and how this is used for continuous improvement.

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 considered they receive quality care and services from people who are kind, caring, knowledgeable and capable. Interactions between staff and consumer to be caring, respectful and positive.

The workforce is planned to ensure the skill mix and number of staff working in various roles enables the delivery and management of safe and quality care and services. A review of the rosters demonstrated the majority of shifts are filled with permanent staff and the call bell audits identified responses are timely.

Recruitment and induction programmes, supported by position descriptions and the Code of Conduct which details the behavioural expectations of the organisation, reinforces the expectation that all staff engage with each consumer kindly and respectfully. This included supporting care and service provision which is delivered at their preferred time and supporting consumers’ attendance at activities of choice and to have the opportunities to raise suggestions and feedback.

Consumers are satisfied that staff are trained and supported to provide quality care and services to meet their needs. Staff are satisfied with the quality and variety of training available to them. Mandatory training and competencies are provided through the e-learning hub or in face to face sessions. The education calendar is tailored to the needs of staff members’ roles. The training includes manual handling, compulsory reporting, infection prevention, hand hygiene and use of PPE, fire and other emergencies, aspects of clinical care provision and monitoring and occupational violence.

The service has a framework for monitoring and reviewing the performance of each member of the workforce. Staff performance is monitored and discussions are conducted on an ongoing basis with the potential for identifying opportunities for improvement or potential disciplinary action as a result.

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).

Consumers and representatives consider that the organisation is well run and that they are actively engaged in partnering with staff and management to improve the delivery of care and services. Two consumers were involved in the interview process for a staff member. Consumer feedback is sought on decisions relating to the environment of the service and service delivery including in the areas of menu development, furnishings and layout of the communal area.

An Advisory Board was appointed in 2019 to provide strategic guidance to the organisation and provides legal, corporate governance, clinical, diversity and Aged Care industry advice. An Organisational and Clinical Governance Framework is in place to clearly identify reporting and escalation of information, data and reports.

An Executive Manager - Quality, Risk and Compliance oversees the continuous improvement management system and the Executive Manager - Clinical Governance is responsible for clinical oversight.

The service has a governance system that is supported by policies and procedures whose application guide the best outcomes for consumers. Systems that support the governance framework include information management, continuous improvement, financial, workforce, regulatory and feedback and complaints.

The Quality Clinical & Safety Governance Committee receive reports on incidents of alleged and actual abuse and aggression with causes, outcomes and recommendations. Management said comprehensive investigations occur following allegations or evidence of harm, abuse or neglect to consumers.

There are processes in place to manage antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team identified psychotropic medication use is monitored and recorded electronically to demonstrate non-pharmacological and other interventions implemented pre- administration. Infection minimisation practices employed in the service include hand hygiene, the use of appropriate PPE and the isolation of consumers with symptoms or confirmed cases of an infectious disease.

Alternate treatment is considered prior to the prescription of antibiotics. Infections are entered into the service’s electronic incident module to enable trend and analyse of infection rates and antimicrobial use.

Data and outcomes of open disclosure of an incident and complaint is reported to senior management and governance committees.

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.*

### 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.