Blue Care Emerald Avalon Aged Care Facility

Performance Report

126 Borilla Street   
EMERALD QLD 4720  
Phone number: 07 4988 2800

**Commission ID:** 5074

**Provider name:** The Uniting Church in Australia Property Trust (Q.)

**Site Audit date:** 16 August 2021 to 19 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.

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| **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

Consumers and/or their representatives considered that consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose. Consumers confirmed they were treated with respect and their culture and diversity valued. Consumers said they were encouraged to do things for themselves, that staff knew what was important to them, they could exercise choice, retain their independence and communicate their decisions relating to the care and services they wished to receive. Consumers advised they were supported to take risks and engage in activities important to them. Consumers reported that information provided to them was accurate, current, timely and easily understood. Consumers confirmed their personal privacy was respected and their information remained confidential.

Staff spoke about consumers respectfully and stated they would report any concerns of ill-treatment or disrespectful behaviour towards consumers by other staff, to their supervisor. Management advised consumers and their representatives were involved in the entry process at the service to identify family connections, cultural beliefs, values and preferences of the consumer. When a consumer chose to change aspects of their care, care staff advised they would report these changes to registered staff and care plans would be amended to reflect the consumer’s choices. Staff described various ways information was provided to consumers and representatives, including through verbal and written communication, meetings and at care plan reviews. Staff were able to describe how they respect the privacy of consumers and how they kept consumers’ personal information confidential,

Care documentation was reflective of consumer’s background, identity and culture. The organisation’s values, policies and procedures outlined what it meant to treat consumers with respect and dignity. Strategic documentation for the service outlined the organisation’s consumer-centric approach when providing care and services, including supporting consumers to drive decision making and maintain relationships. Consumers’ care documentation was reflective of areas in which they were supported to take risks, and risk assessments were completed which identified discussion had occurred with the consumer and/or their representative to support them to undertake activities of their choice.

Staff interactions with consumers were observed to be and respectful, and staff were observed providing information to consumers about activities on offer for the day and providing choice at mealtimes. Staff were observed knocking on doors before entering consumer rooms and asking for permission before entering the room.

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/or their representatives considered that they felt like partners in the ongoing assessment and planning of their care and services. Consumers reported staff consulted them through initial assessment and planning to develop a plan of care that was delivered to meet the consumer’s needs. Consumers confirmed they were informed about the outcomes of assessment and planning and had access to their care plan. Consumers advised of being involved in assessment and care planning on a regular basis and said they had made their end of life wishes clear. Consumers said they felt comfortable to approach registered staff or management if they needed to.

Consumers’ care documentation demonstrated the service undertook a comprehensive assessment and care planning process when the consumer entered the service, to identify their needs, goals and preferences. Consumers’ changing needs were reviewed regularly, when changes occurred, or incidents happened. Care planning documents reflected that consumers were involved in assessment and planning, which included other providers of clinical and medical care or allied health services. Care planning documents also included acute resuscitation planning, statement of choices and end of life wishes. The outcomes of assessment and planning were documented in care plans and progress notes, and these records were accessible to staff and visiting health professionals.

Registered staff described their role in the assessment and planning process when a consumer entered the service and during the care plan review process. Staff said they were guided by what the consumer wanted and who they wished to be involved in their care and planning. Staff were aware of the incident reporting process and how incidents might generate a reassessment or review of the consumer’s needs.

The service had a suite of evidence-based assessment tools available for staff to use as well as clinical guidelines, policies and procedures were available to guide staff in their practice. Case conference consultation records confirmed advanced care planning and end of life preferences were discussed. There was evidence of referrals to, and consultation by the medical officer and allied health professionals. The service monitored and trended clinical indicators including but not limited to, skin integrity, falls and pressure injuries.

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/or their representatives considered that they received personal and clinical care that was safe and right for them. Consumers advised they got the care they needed, and they felt safe. Consumers reported staff ensured the care provided to consumers was right for them, by regularly asking consumers about their care, the way it was delivered and involving them in discussions regarding alternative care options that were available. Consumers said they were referred to the medical officer or other health professionals when required and that referrals occurred promptly. Consumers expressed confidence that when the consumer needed end of life care, the service would support them to be as free as possible from pain and to have people important to them with them. Consumers were satisfied that the consumer’s condition, needs and preferences were documented and communicated with relevant persons, and said staff knew the consumer’s needs and preferences.

Care documentation demonstrated the delivery of safe and effective care and the involvement of other health professionals. Where restrictive practices were applied, consumers’ care planning reflected the required information including the consumer’s informed consent/authorisation and regular restraint usage monitoring and evaluation by registered staff. Care planning described the key risks to individual consumers and strategies to minimise or manage the identified risk. Care documentation reflected the identification of and response to, deterioration or changes in condition of the consumer and provided information to support effective and safe sharing of the consumer’s needs and preferences.

Staff could describe how they ensure care provided is best practice, how the input of other health professionals directs care and services and how they ensured information was shared both within the organisation and with others outside the organisation. Staff were able to identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice. Care staff explained the process for identifying and reporting changes or deterioration in a consumer’s condition to the registered nurse. Staff described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised; management advised they were in the process of setting up a clinical governance committee to coordinate the management of palliative care between the medical officer, the hospital and clinical staff at the service. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The organisation had policies, procedures and tools to support the delivery of care provided. The service’s monthly clinical indicator reports demonstrated management trended, analysed and responded to high impact and high prevalence risks; clinical indicators were discussed at staff monthly meetings and were used to identify improvements in the delivery of consumer care. Staff had access to a registered nurse on-site 24 hours per day and could access support from the medical officer and other health professionals as required. The organisation had documented policies/procedures relating to antimicrobial stewardship and staff had been provided with relevant training; the service’s outbreak management plan had recently been reviewed.

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

Consumers and/or their representatives considered that consumers got the services and supports for daily living that were important for their health and well-being, and that enabled them to do the things they wanted to do. Consumers confirmed they were supported by the service to do the things they liked to do and said their emotional, spiritual and psychological needs were met. Consumes reported they were supported to stay in touch with people who were important to them, to participate in the community and have personal relationships. Consumers noted that information about their needs and preferences were communicated within the organisation and with others, and that referrals were made appropriately. Most consumers advised they liked the food at the service and received enough to eat.

Consumer care documentation included information about consumers’ emotional, spiritual and psychological well-being, and captured information about people that were important to them. Care documentation provided adequate information to support effective and safe care where responsibility for care was shared; consumers’ lifestyle information was recorded and contained information about referrals to other individuals and organisations. Care documentation reflected consumers’ dietary needs and preferences, and this aligned with consumer and staff feedback.

Diversional therapy staff said the service’s lifestyle program accommodated and modified activities provided to cater for consumer’s needs, preferences and varying levels of functional ability. Activity preferences were also discussed at consumer meetings. Staff advised how they supported consumers to stay in touch with family and friends using technology. Care and registered staff described how changes in consumer’s care and services were communicated during handover processes and through care documentation and progress notes. Staff were aware of how to refer consumers to individuals and providers outside of the service to maximise their health and well-being. Staff advised that the service provides cook/chill foods, with ordering completed by administration officers.

The service’s monthly activity calendar was observed to be on display; consumers were observed interacting with each other, with visitors and staff and participating in a variety of activities. Menus were observed on display, advising consumers of the meal selections of the day and consumer’s dietary requirements were also recorded on a whiteboard in the kitchen. Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained.

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 and/or their representatives considered that they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers reported they were able to decorate their room as they wished, and most consumers reported that the service was clean and well maintained. Consumers said they were able to move freely in the service and could access outdoor areas if they wished. Consumers advised that equipment, furniture and fittings in the service were clean, safe, well maintained and suitable to their needs and preferences.

Management advised the service was refurbished in November 2020, and consumers had provided input such as naming the wing areas and selecting colours for the walls. Staff were aware of the process for recording maintenance issues, identified equipment requiring maintenance would be removed from use and reported maintenance issues raised were managed in a timely way. The Maintenance officer described how maintenance was managed at the service, including both preventative and reactive maintenance. Staff across all areas of the service reported they had access to enough equipment to undertake their roles and meet the needs of consumers. Care staff said that shared equipment used for transferring consumers was cleaned between each use.

The service environment was observed to be welcoming and buildings were observed to be marked with clear signage to assist consumers when navigating through different areas of the service. The service had well-maintained gardens and outdoor areas with outdoor seating, tables and shaded areas available. Consumers, including those using mobility aids, were observed to be freely mobilising inside and outside of the service. Cleaning staff were observed to be attending to the service, and furniture, fittings and equipment was clean, well maintained and suitable for its intended purpose. The call bell system was observed to operate effectively during the site audit.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

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

## Assessment of Standard 6

Consumers and/or their representatives considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. Consumers said they were aware of how to provide feedback or make a complaint and felt comfortable to do so. Consumers who had submitted a complaint, reported they were satisfied with the response from management, including actions taken to address the issues raised, and consumers were satisfied with the outcome.

Management reported the service provided consumers with documents that detailed how to provide feedback or make a complaint; information about lodging a complaint was included in the consumer information booklet and in posters that were displayed throughout the service. Management informed issues raised through feedback and complaints were discussed at regular consumer meetings. Staff said they assisted consumers if required, to provide feedback or make a complaint.

Policies, procedures and guides were available to assist staff and to ensure consumers had access to advocacy and language services if required. Information about each complaint such as the issue, the investigation and the outcome were recorded in the organisation’s incident management system. The organisation’s quality metrics include complaints; feedback and complaints were reviewed at the service level, at the regional level and at the governance level. Records evidenced the service had an open disclosure policy and information sheet and applied open disclosure when addressing complaints. The service’s plan for continuous improvement was used to record improvement activities that had been initiated though feedback and complaints.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and/or their representatives considered that they got quality care and services when they needed them and from a workforce that was knowledgeable, capable and caring. Consumers reported satisfaction with the delivery of care and services, and confirmed staff were kind and caring and knew what they were doing. Consumers said staff were available and there were minimal delays in staff responding to call bells.

Management reported a dedicated staffing model was used to determine the number and type of staff rostered; the staff roster had the flexibility to accommodate the changing needs of consumers. The effectiveness of workforce planning was monitored through care reviews, feedback and complaints and observations of staff practice. Clinical and care staff were satisfied the roster allocated enough staff and time to deliver care that meets consumers’ care needs. Staff said they were provided with appropriate training and were equipped and supported to carry out their role.

The organisation had documented staff qualifications, skills and knowledge requirements relevant to each role. The organisation had an orientation programme, a training program and training matrix; staff had access to training that was relevant to their role. The organisation had a performance planning and review policy, and performance development and review guidelines; the performance development process included all levels of staff. Formal annual staff appraisals were occurring.

Interactions between consumers and members of the workforce were observed to be kind, caring and respectful. Observations of the delivery of care and services identified that generally there were minimal delays in staff responding to consumer call bells. The Site audit report identified that on one occasion a delay in staff responding to a call bell activated by a consumer was observed; the consumer had not appeared stressed nor had expressed concern. At the time of the audit, management noted the call bell had been activated during shift handover, and the shift handover process had been amended. Management undertook to attend shift handovers until they were satisfied the new process was operating effectively, and additional call bell audits were to be conducted.

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/or their representatives considered that the organisation was well run and that they could partner in improving the delivery of care and services. Consumers spoke about their involvement in reviews of the care and services they received, and consumers said they could provide feedback through the complaints process or at regular meetings. Some consumers reported on their involvement in the recent renovation project at the service. Consumers were satisfied with the quality, safety and inclusiveness of care and services delivered by the organisation.

Management reported a culture of safe, quality and inclusive care and services was promoted through the organisation’s strategic plan, service model and associated organisational values, quality framework, risk management framework and the orientation and training program. Minutes of quality meetings evidenced processes to manage the ongoing identification of issues and incidents and to conduct reviews of the service's performance; actions were taken in response to reviews of key metrics or changes in policy.

Management, staff and the governing body had access to effective organisational wide governance systems; this included effective information management systems, financial governance systems and systems to manage feedback and complaints. Opportunities for continuous improvement were identified, critical incidents were used to initiate continuous improvement and the governing body monitored the service to ensure the Quality Standards were being met. The organisation had systems to track changes to aged care legislation and regulation and had systems to communicate these changes to staff. The organisation had a documented risk management framework, which had a range of associated policies. Staff were aware of these policies, have been trained in their application and staff were aware of the organisation’s processes to support consumers to take risk while maintaining their safety. The organisation had developed and implemented a clinical governance framework that included policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure.

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.