Blue Care Mareeba Aged Care Facility

Performance Report

7 MacRae Street
MAREEBA QLD 4880
Phone number: 07 4030 3599

**Commission ID:** 5121

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

**Site Audit date:** 17 August 2021 to 20 August 2021

**Date of Performance Report:** 1 October 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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.
* the provider’s response to the Site Audit report received 17 September 2021.
* other information and intelligence held by the Commission in relation to 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 interviewed by the Assessment Team said staff treat them with respect, know them as individuals and what is important to them. Staff demonstrated respect and kindness, and showed familiarity with consumers’ backgrounds. Staff were observed being respectful at mealtime.

Consumers’ care plans contain information about their religious, spiritual, cultural and personal care needs and preferences. Staff communicate with consumers in their preferred language, verbally or through communication cards. The service has policies and procedures that promote cultural safety and diversity.

Consumers are supported to maintain relationships, including social and family connections. They have the opportunity to contribute to the way care and services are delivered through committee meetings, or through discussions with lifestyle and care staff.

Consumers are supported to make decisions and take risks, including for meal preferences and mobilising. Staff are aware of the decisions by and risks for consumers, and care planning documents evidenced the strategies for managing the risks.

Consumers are provided with information to help them make informed decisions. This includes for their meals, activities and preferences. Consumers said staff support them to plan involvement in activities and events. Staff were observed to be communicating with consumers in the consumers’ preferred style and allowing time for consumers to respond.

Consumers and their representatives said that privacy and dignity is respected by the staff. Consumers felt their confidential information is respected and staff described processes engaged to maintain privacy and confidentiality of information.

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 stated they are involved with initial and ongoing assessments, and care planning preferences and goals. The service demonstrates that it conducts risk assessments and applies risk reduction strategies.

Care planning documentation for sampled consumers identified that risks are documented to inform the delivery of safe and effective care. This includes identification of strategies to address behavioural concerns, falls minimisation, and responses to changes in health measurements. End of life planning is also addressed. Consumers and their representatives said they were satisfied with the care provided. Staff receive training and follow policies and procedures when delivering care.

Consumers and their representatives who were interviewed confirmed that they were involved in the care planning process. The service demonstrated they obtain input from multidisciplinary health professionals to inform care and services, and care plans include reference to recommendations or directives from health professionals. Staff described processes for engaging with consumers who have impairments that limit their capacity for involvement in their own care planning.

The service demonstrated outcomes of assessment and planning are documented in care and services plans. Progress notes demonstrate regular communication and consultation with consumers and representatives. Updates are made when care needs change.

The service demonstrated that care and services are reviewed regularly for effectiveness, when circumstances change or when incidents occur, and that processes are in place to monitor the reviews.

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 NON-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 representatives said that consumers receive personal and clinical care that is safe and right for them.

The Assessment Team identified concerns regarding restrictive practice authorisation and management at the time of the Site Audit.

Care plans reviewed show consumers generally receive effective care, including for skin integrity, pain management, and behavioural management.

Staff interviewed demonstrated knowledge of consumers’ care needs and how these are met, including strategies for risk management.

The service demonstrated it manages high prevalence risks associated with consumer care, including falls, infection and other medical concerns. Consumers interviewed stated they feel safe and happy regarding falls management and dignity of risk. Staff demonstrated understanding of risk and strategies for the care of specific consumers.

Documents reviewed showed the service demonstrated suitable end of life care for consumers, including by following advanced care plans and maintaining comfort for consumers. Staff receive training in palliative care and end of life support.

The service identifies deterioration in consumers’ condition, with staff supported by processes. Care plans are updated to reflect treatment and any diagnoses. Consumers and representatives interviewed confirmed changes in condition are responded to and representatives are informed. Care staff interviewed stated they escalate changes in consumers’ behaviour or condition to registered staff.

The service demonstrates effective communication of information through maintaining files with progress notes, test results, referrals and documents from other health professionals stored centrally. Staff were observed updating the care file at the end of shift.

Care planning documents evidenced input of other health professionals in the treatment and management of medical concerns. Consumers and their representatives interviewed said they are satisfied with referrals and access to other services, and staff could describe the referral process.

Staff demonstrated appropriate knowledge of infection-related risks.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team provided information that they did not identify medical officers had discussed the authorisation or review of restrictive practices, either with the consumer or their representative. They reviewed records and noted the risks were not discussed for a number of consumers, some authorisations were not signed and there was not evidence of review within three months for some consumers as per organisation policy.

Due to the service utilising a temporary paper-based care planning system, the Assessment Team was advised the lack of access to the history notes made it difficult for the service to identify whether the information on the paper-based system was accurate regarding the authorisation and review of restrictive practices.

The Approved Provider acknowledged areas for improvement but did not agree with Assessment Team’s finding of the Requirement not being met. They detailed changes to their practice, and training that has been delivered to staff, to address restraint risk and authorisation. They provided evidence that they were monitoring the use of restraint.

The Approved Provider said medical officers would follow their professional obligations to obtain consent before prescribing medication. They said a small number of consumers subject to restraint were not reviewed within 3 months, however those consumers have since been reviewed following the Site Audit and the number of consumers prescribed chemical restraint has reduced significantly. They said some authorisations had not been signed by the consumer or representative and this was an oversight, following the cyber attack issues with the electronic care documentation system.

The Approved Provider supplied evidence supporting discussion with representatives about restraint had occurred, as shown in the electronic care documentation system, in periods prior to and after the Site Audit. They also provided evidence that prior to the Site Audit they identified medical officer review was required for chemical restraint and that restraint assessments required representatives to sign.

The Approved Provider was subject to legislative requirements at the time of the Site Audit under the Quality of Care Principles 2014 to have details documented regarding a medical officer’s assessment of the necessity of chemical restraint, the relevant behaviours of the consumer, and reasons for the restraint. The Approved Provider is also required to be satisfied that informed consent has been given by the consumer or a substitute decision-maker. While the Approved Provider has responded that the medical officer would have followed procedures to have obtained informed consent, it was not consistently evident on the files reviewed by the Assessment Team. It was also not evident that the risks were not consistently explained to the consumer or decision-maker, based on the information put forward by the Assessment Team. I have considered that this information supports the non-compliance with this Requirement.

Some consumers were identified as being overdue for review. The Approved Provider responded to acknowledge that the reviews were not completed within organisational guidelines and this is not reflective of the usual practice. A review occurred within a short period after the Site Audit. The number of consumers who had their chemical restraint removed in that review suggests that the overdue reviews had a potential impact on consumers and their tailored and optimal care. I have considered that this information supports the non-compliance with this Requirement.

The evidence of multiple restraint authorisation forms being unsigned at the time of the Site Audit, and that this is acknowledged as an oversight by the Approved Provider, also supports the non-compliance with this Requirement.

Despite the Approved Provider’s response and evidence, and their actions taken after the Site Audit to address the concerns raised by the Assessment Team, I consider at the time of the Site Audit the Approved Provider was not demonstrating full compliance with obligations in relation to restrictive practice. There has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes since the Site Audit.

I find this Requirement is non-compliant.

### 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 their representatives said the service supports consumers to undertake lifestyle activities that interest them, and maintain contact with people who are important to them. An activity calendar details the range of activities offered.

Consumers provided examples of support and encouragement given by staff to continue their hobbies, and expressed enjoyment of the activities facilitated by the service. Care planning documents reflected the interests of consumers and outlined how the staff can engage with the consumers to support their engagement in activities.

Consumers are supported to promote psychological, spiritual and emotional wellbeing through staff engaging with them and pastoral care. They are able to participate in cultural and community groups. The service engages entertainers and coordinates activities, and consumers are able to leave site to attend outings. Staff share information about consumers’ needs through handover meetings and progress notes.

Consumers provided positive comments regarding their meals, including the variety and portion size. Consumers provide feedback to the service for menu and dining experience improvements. Care planning documents reflect consumers’ dietary requirements, preferences and allergies. Staff interviewed could identify the dietary needs and preferences for consumers, and requirements and changes are communicated clearly to the kitchen staff.

The service demonstrated that the equipment provided is safe, suitable and well-maintained. Consumers said any maintenance was completed quickly and safety issues are addressed, and this was evidenced in maintenance records. Staff were satisfied that they had sufficient equipment to conduct their duties and support consumers’ needs.

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 their representatives said the service environment is welcoming, safe and comfortable. Consumers said they feel at home living at the service, and have the ability to personalise their rooms. Consumers were observed moving around the service and the environment was safe and accessible for those consumers requiring mobility aids.

The service was observed to be welcoming on arrival. There are areas for consumers to meet with others or spend time outside their room. Consumers who do not reside in the special care unit have access to the outside environment via patio areas and outdoors. The service has repainted and refurbished some areas to improve the visual environment. Consumers were observed spending time together in common areas.

The service was observed to be clean and safe for indoor and outdoor areas. Consumers interviewed said they feel safe and believe the service environment is well-maintained. Staff interviewed said maintenance is promptly attended to.

Consumers said they feel safe using the equipment. Care staff were aware of how to use and clean equipment. Furniture is safe and clean.

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 their representatives considered they are encouraged and supported to give feedback or make complaints, and that appropriate action is taken by the service. Consumers said they receive good communication and, where relevant, apologies. They said staff and management are approachable, caring and prompt, and issues are addressed respectfully.

There are multiple ways to provide feedback, whether in person, via meetings or using a feedback form that is accessible throughout the service and can be placed into a locked box. The service maintains a feedback and complaints register, which includes details of investigations and actions taken. Meeting minutes support that consumers are encouraged to provide feedback about quality of care, meals and recommended improvements. Improvements made following feedback include menu additions and call bell placement.

Staff stated they support consumers to complete feedback forms if assistance is required. Staff also seek feedback directly from consumers, including about activities, and use communication cards if relevant. Staff displayed knowledge of how to respond to feedback or complaints, including escalation of concerns. Staff have been trained in open disclosure processes and the service has policies in place. Progress notes in the care planning documentation also showed evidence of the use of open disclosure.

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 said they receive quality care and services, and that staff are skilled, kind and caring. They said they are satisfied with the treatment and care they receive and considered the staff have appropriate training.

Feedback supported that there are sufficient staff to provide appropriate care, with calls for assistance being promptly attended. There were some unfilled shifts in the period prior to the audit, with some staff working extended hours to cover the shortfall. The service has procedures in place for addressing unplanned staff leave and seeks to fill vacant roles.

The service demonstrated that workforce interactions with consumers are kind and caring, with diversity and independence of consumers being respected. Staff were observed respecting consumers’ privacy and policies of the service support a person-centred approach.

The service has processes in place to recruit suitable staff, conduct training for new staff and monitor performance. Staff receive training to support delivery of appropriate care, and could describe examples of seeking additional training to improve their skills and knowledge. Training records support that mandatory training is completed.

Staff confirmed they receive regular performance reviews. They are assessed through competencies, analysis of audit data and consumer feedback. The service’s governance processes support that new and existing staff receive suitable performance assessments. Staff demonstrated a shared understanding of their roles and responsibilities.

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 provided information to support that the service is well run, and that they partner in enhancing the care received. They participate in meetings and discussions and provide feedback. They are supported to make informed decisions about undertaking activities which are meaningful to them. Representatives said they are kept informed of changes that impact delivery of care or services to consumers.

The service has quality and clinical governance frameworks that promote person-centred care, and set out the roles and responsibilities for staff and management. They produce regular reports to identify trends, and analyse clinical indicators, incidents and risks, which are then reviewed to identify improvements.

The service demonstrates continuous improvement opportunities are identified, and activities are assigned a staff member and timeframe to implement improvements. Financial governance and workforce governance are suitably addressed. The service demonstrates regulatory compliance, with some concerns identified in relation to restrictive practices, however the Approved Provider has supplied information to support that they are addressing concerns identified by the Assessment Team in Requirement 3(3)(a).

The service has an effective risk management framework, and staff were able to describe the risk management policies and what their obligations are in relation to identification, reporting, and minimisation.

There is a clinical governance framework with a number of policies including antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff said they have been educated in the policies and could give examples of how they comply with them.

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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – the Approved Provider ensures consumers are receiving safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being. This includes that restrictive practices is managed in line with legislation.