Bolton Clarke Fernhill

Performance Report

103 King Street   
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**Commission ID:** 5081

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 8 December 2020 to 10 December 2020

**Date of Performance Report:** 11 January 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
* The Infection Control Monitoring Checklist completed at the time of the site audit.

# 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 representatives said consumers are treated with dignity and respect and that consumers feel valued. Consumers spoke positively about staff saying they were kind, caring, friendly and courteous and knew what was important to them. Consumers provided examples of how staff supported them to maintain links with and participate in the community, for example attending service/sporting clubs. Consumers felt that the service assisted them to remain independent and described how staff supported them with this including in relation to their mobility, laundry, maintaining close personal relationships, taking risks, and other aspects of daily living.

Consumers advised they receive a newsletter, a monthly activity calendar, a monthly menu planner and can access minutes of consumer meetings minutes should they wish to read these. Information about COVID-19 and any implications for aged care is also provided to consumers. Consumers said the information they receive is provided is in larger print to facilitate reading.

Care planning documentation included specific details about the consumers that would support staff in how they deliver care and services. Details included places lived, occupations, details of significant others in the consumers’ life and interests. Where consumers choose to take risks, discussions are held with the consumer, and possible consequences and strategies to minimise risks are explained and documented.

Staff could describe consumers’ backgrounds, personal circumstances and interests. Staff knew those consumers who had a preference for female only care staff to attend to personal cares and confirmed that this occurred. Staff said if they witnessed disrespectful behaviour towards consumers by staff they would escalate this to management.

Information about consumers is shared with staff through care plans, huddle meetings, handovers and at case conferences. Staff were familiar with how to access interpreters if this was required.

The Assessment Team observed staff interacting with consumers respectfully, addressing them by their preferred name and taking time to spend with consumers. Activity calendars displayed in the service identified significant events are celebrated and the Assessment Team observed consumers’ rooms are decorated with those items that are meaningful to the consumer.

The organisation has a Diversity Framework that outlines what it means to treat consumers with respect and dignity, and to understand and acknowledge consumers individual cultural preferences. A Dignity of Risk policy guides staff to support consumers to lead the life they choose.

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 said they are involved in the assessment and care planning process and that staff involve them in care planning through discussions, case conferences and care plan reviews. Consumers said they can access a copy of their care plan and that staff staff provide them with updates about their care, for example, wound healing.

Care planning documentation identified assessments and re-assessments are completed and that identified risks including those relating to falls and skin integrity, are documented to inform care and service delivery.

Staff explained the assessment and care planning process and said that consumers, representatives, medical officers and allied health specialists such as physiotherapists, dietitians and speech pathologist are involved as required. Staff said that care plans are reviewed when the consumers’ condition changes or when there has been an incident. Advance Health Directives and /or Statement of Choices are discussed on entry to the service and preferences regarding end of life planning are revisited when appropriate. The service has access to specialist palliative care services.

The organisation has policies and procedures specific to this Standard and has a documented 28-day initial assessment period for permanent consumers with a shorter, initial assessment for those consumers on respite care. A suite of evidence-based assessment tools are available for staff to use.

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 representatives said consumers get the care they need and were able to describe the way consumers’ care was delivered. Consumers spoke positively about their diabetes management, medication management, pain management and how wounds were cared for. They said that staff respond promptly when there is a change in the consumer’s condition and contact is made with representatives as appropriate. Consumers could provide examples of when contact had been made with medical officers and allied health specialists following an incident such as a fall.

Consumers said they have been kept informed about the COVID-19 pandemic and the recommendations regarding influenza vaccinations.

Progress notes and care planning documentation evidenced care that was safe, effective and tailored to the individual. Risks associated with the care of the consumers had been identified and strategies to minimise these risks were documented. Care plans and progress notes included evidence of referral to medical officers and other health specialists.

Staff were cognisant of risk minimisation strategies for consumers and have access to equipment to minimise risks associated with care delivery including pressure relieving devices, mobility equipment, low beds and movement detectors.

Staff demonstrated knowledge of consumers’ needs and preferences and could describe personal care routines in detail. Care staff described how they would escalate a change in a consumer’s condition to the registered nursing staff; for example, when they identify a change in the consumer’s skin integrity. Care staff said registered nursing staff are readily available to provide guidance and support and current information about consumers’ care needs.

Staff could describe the way care delivery is adjusted for consumers nearing the end of life and the practical ways in which consumers’ comfort is maximised. The Assessment Team received feedback from representatives that the care provided to consumers at the end of life was of a high quality.

Care staff and registered staff provided examples of strategies they adopt to minimise infection related risks. Personal protective equipment is used, consumers with infectious illnesses are isolated, influenza vaccinations are encouraged for consumers, hand hygiene is practiced, cleaning processes are in place, hand santiser is in use and staff do not attend work when unwell.

The service has policies and procedures to guide the delivery of personal and clinical care including restraint minimisation, maintaining skin integrity and pain management. Where restraint is used the Assessment Team found that alternative strategies had been trialled and appropriate authorisations were in place.

Policies relating to infection control include practices to reduce the risk of resistance to antibiotics. The Assessment Team observed visitors being screened on entry to the service and having their temperature taken. Information and signage about handwashing and social distancing were evident throughout the service.

Care delivery is monitored through audits, care plan reviews and the analysis of clinical indicators; trends are identified, and this information is then reported at a service level and an organisational level.

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 representatives said consumers are supported by the service to undertake lifestyle activities of interest to them within the service and to maintain personal and previous community connections. Consumers provided examples of how they are supported to care for pets, have access to library facilities and participate in entertainment such as music concerts.

Consumers described staff as kind and caring and provided examples of how staff are sensitive to their emotional needs for example spending time with them, offering reassurance, encouraging friendships and playing favourite music.

Consumers expressed satisfaction with the meals and explained they have input into the menus and have opportunities to provide feedback about food services at consumers’ monthly meetings.

The Assessment Team found care plans were individualised and consistently identified consumers’ needs, goals and preferences and strategies to support these. Care planning documentation evidenced referral to other individuals and organisations such as occupational therapist, physiotherapist and religious ministers to optimise consumers independence and well-being.

Staff demonstrated a shared understanding of what was important to consumers and knew how to access current information about consumers. Staff explained how consumers’ preferences are identified on entry to the service during the assessment process and how this informs the activity schedule. Lifestyle staff said information collected captures important aspects of the consumer’s life including social, emotional spiritual and cultural preferences and important people and relationships in their life.

Staff described how they respond to a consumer if they identify they are distressed. They said they spend time with the consumer, talk with them and discuss any concerns with the registered nursing staff who can access pastoral support for the consumer if needed. The Assessment Team observed staff supporting consumers who were upset or sad.

Staff said that some consumers prefer not to participate in group activities and would rather spend time in their rooms. These consumers are provided with options of one-to-one support including music therapy, reminiscing activities and/or other activities of their choice.

The Assessment Team observed consumers participating in a wide range of activities including, board games, concerts and community outings. They noted that during recent visitor restrictions the service increased hours for lifestyle staff and arranged additional electronic communication platforms to support consumers to stay in touch with family and friends.

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 generally expressed satisfaction with the service environment including cleanliness, fittings and equipment. They said they can freely access indoor and external areas and they feel safe. They said visitors are welcome and there are plenty of private areas where they can sit together comfortably.

Whilst some consumer representatives expressed concerns over the lack of shade in the outdoor areas of the memory support centre, the Assessment Team identified the service was aware of this and had commenced addressing the feedback.

Staff advised they follow a cleaning schedule and there has been an increase in cleaning as part of COVID-19 preparedness. This includes regular cleaning of high touch surfaces such as door handles. Staff described how they report maintenance issues and said these are addressed promptly.

The Assessment Team observed the reception area to be welcoming and consumers were seen accessing various community living spaces, quiet areas, the library, dining areas and external areas. Lounge, dining and kitchen areas had good visual access and home like furnishings; consumers’ rooms were decorated with personalised items and furnishings.

Fire evacuation diagrams and illuminated emergency exit signage was observed, and firefighting equipment is in place. The service has a designated smoking area where there is access to a fire blanket.

The Assessment Team reviewed the maintenance log and the preventative maintenance schedule and noted that maintenance is up to date.

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 representatives said they were encouraged and supported to provide feedback and/or make a complaint and felt comfortable doing so; they understood both internal and external complaints mechanisms. Consumers provided examples of the complaints they had made and the actions that the service had taken to address their concerns. They said they felt an honest explanation was provided to them and they are provided an apology.

Staff are provided with education and training in relation to complaints management and understood the complaints mechanism and described their role in supporting consumers to make a complaint if the consumer was unable to do it independently. Management staff have an understanding of their responsibilities in relation to complaints management, including using an open disclosure approach.

The organisation has written materials about how to make a complaint including details for accessing advocacy services and language services. Monthly meetings provide a forum for consumers to raise concerns and minutes of these meetings are maintained, feedback forms are available where a compliant is confidential. The service has documented feedback management guidelines and an open disclosure standard. These are available on the intranet for all staff to access.

The Assessment Team reviewed the complaints register and noted that complaints are used to inform the service’s plan for continuous improvement and reported at an organisational level.

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 spoke highly of staff and said staff are kind, caring and respectful of their identity, culture and diversity. They felt there was sufficient staff to support care and service delivery and that staff knew what they were doing.

Most staff said they have enough time to complete their duties and that the majority of the time staff were replaced if leave was taken. Staff were able to describe how they access registered nurses for guidance and support if there was a decline in a consumer’s condition or they needed advice.

New staff are supported to transition into the workforce through an orientation program and the provision of mentors. Staff are supervised and undertake regular performance assessments. They are provided with education and training and are supported to access external training opportunities; education has included the Aged Care Quality Standards, dignity of risk, anti-microbial stewardship, infection control and COVID-19, end of life care and mandatory reporting requirements. There are processes in place to ensure police certificates and registration requirements for registered nursing staff and allied health professionals are current.

Management staff said a workforce management plan guides staffing levels as new consumers enter the service. They said that generally only one consumer enters the service each week to ensure there are sufficient staff available to undertake the assessment process and support the consumer. Workforce planning has also included consideration of loss of key personnel and succession planning, COVID-19 and the impacts on staffing of the new building.

The Assessment Team observed staff and management interacting with consumers respectfully, addressing them by their preferred name and promoting consumers’ privacy through their actions such as knocking on doors and seeking permission before entering a room.

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 felt the organisation was well-run and that they were involved in improving the delivery of care and services though making suggestions, providing feedback and making complaints.

A community partnership group is operational and involves consumers in decision making about the service. Management staff provided examples of how consumers were involved in decision making at the service, for example, choosing their rooms in the new building, having input into the development of consumer laundries for those who wish to complete their own laundry, influencing changes in staff identification badges and reviewing consumer invoices and statements to determine a format that is easily understood.

The Board meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. The Board monitors the organisation’s compliance with the Aged Care Quality Standards and initiates improvement actions to enhance performance across the organisation. Examples of Board led initiatives that promote a culture of safe, inclusive, quality care were provided these included priorities such as healthy ageing, assistive technologies, combating loneliness and meal improvement. An infection control manager has been appointed as an element of the organisation’s planning and preparedness for a potential outbreak of COVID-19.

Governance systems are in place to address information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework including policies describing how high impact or high prevalence risks associated with the care of consumers are to be managed. There are established protocols for identifying and responding to allegations of abuse and neglect and for supporting consumers to live the best life they can. Staff were familiar with these policies and procedures and could describe how they applied them in their work.

The Assessment Team reviewed documentation relating to the clinical governance framework, antimicrobial stewardship, restraint minimisation and open disclosure. Staff advised they had received education about these policies and could provide examples of relevance to their work.

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.