Bolton Clarke Pioneers Nursing Home

Performance Report

1 Sparrow Street
LONGREACH QLD 4730
Phone number: 07 4658 4900

**Commission ID:** 5988

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 1 March 2021 to 4 March 2021

**Date of Performance Report:** 9 April 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* 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 confirmed staff treated them respectfully and they were encouraged to do things independently including taking risks which enables them to live the best life they can. They confirmed staff were aware of their individual life journey and how this influences their cultural preferences in the delivery of care and services on a day to day basis. Consumers and representatives advised they were provided with information which enabled the consumer to make decisions about who was involved in their care, participation in activities and selection of meals aligned to their personal preferences. Consumers stated their privacy is maintained during interactions with staff and their information is secured to ensure confidentiality.

Organisational frameworks, handbooks and educational programs provided guidance to staff on inclusive care, respecting diversity, fostering dignity and valuing the differences of individuals or groups.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured that consumers’ preferences were understood and respected. Staff described various ways in which they provide information to consumers about meal options, leisure or community activities and visiting services. Staff demonstrated they were familiar with consumers’ backgrounds, the people who were important to consumers and could describe how they supported consumers to maintain relationships with family and friends.

Care planning documents were stored securely to ensure confidentiality and included information which reflected the consumers’ background, identity, cultural practices, individual preferences and choices.

A risk management framework and consumer handbook established how consumers are supported to live their best life by engaging in and promoting their right to take risks. Care planning documents described areas in which consumers were supported to take risks and strategies for managing risks were identified in care directives.

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 representatives said they participated in assessment and care planning processes during initial entry, on an ongoing basis, in response to changing consumer needs or when an incident occurred and confirmed they were kept informed of the outcome. They stated consumer’s care and services plan were readily available should they wish to access them.

Care planning documents confirmed assessment and planning processes also included other providers of care such as medical officers, specialists and allied health professionals. Care planning documentation detailed the individual consumer’s current needs, goals and preferences, including for end of life, advance care planning, skin integrity, mobility and oral intake.

Clinical assessment tools were available to guide assessments and inform care and service plans with referrals initiated when additional assessment by allied health professionals was required. A review of care documentation confirmed assessments and care plans were completed upon entry and reviewed periodically including in response to changes. Documentation evidences timely referrals to medical officers, physiotherapists, dietitians and speech pathologists.

Staff were guided by policies and procedures relating to care planning including palliative and advance care planning, should the consumer or their representative not wish to discuss their end of life preferences, attempts were made to revisit these discussions during scheduled reviews.

Clinical staff stated, and review of documentation confirmed, representatives were informed when a consumer’s health and well-being changed or following an incident which triggered a reassessment of the consumer’s care needs. Clinical staff said care plans were routinely reviewed monthly, quarterly and annually or when changes occurred.

Care and service plans, including a summary care plan, were readily accessible by staff and visiting health professionals.

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 health and well-being was optimised as they received safe, effective care through provision of support aligned to their personal and clinical care goals and needs. Consumers confirmed their needs and preferences were effectively communicated between staff and referrals were made in a timely manner. They said they had access to allied health professionals, medical officers and specialist services when they needed it.

Consumer progress notes, care plans and charts were individualised and demonstrated that care was safe, effective and tailored to the specific needs of the consumer. Care documentation also evidenced staff identified, communicated and responded to a deterioration or changes in a consumer’s condition and health status resulting in referrals to and input from, a range of medical officers, specialists and allied health professionals.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as falls, compromised skin integrity, pain or challenging behaviours and described pharmacological and non-pharmacological strategies implemented to manage or minimise those risks.

Organisational policies and procedures ensure staff are guided in the delivery of personal and clinical care in line with best practice, including for minimising restraint, maintaining skin integrity and management of pain. These policies outlined, and staff demonstrated knowledge of, the requirements for assessment, treatment, review and monitoring the use of physical or chemical restraint, consumer pain and prevention of or promotion of healing for consumer wounds. Care documentation evidences consent, authorisation, directives and monitoring regimes are established and actioned as required, in relation to restraint management.

The service documented clinical and personal risks for each consumer within their care plans and monitors the impact or prevalence of risks such as falls, medication errors, use of psychotropic medication and infections, through incident reporting and compilation of clinical incident data. The data was analysed and strategies to reduce the number of consumer falls or urinary infections were implemented following a noted increase.

The service had procedures to ensure palliative or end of life care was delivered in accordance with consumers’ documented preferences and wishes. The service had clinical staff to support and palliative care equipment to maximise the physical comfort of consumers approaching the end of life. On call support from medical officers and specialist palliative care support services was also available.

The organisation had policies and guidance resources available for staff to support them in recognising and responding to deterioration or changes in consumers’ condition including referral to medical officers or transfer to hospital when required. The service had registered nurses on site 24 hours a day and management could be contacted for advice and support.

Staff advised and documentation confirmed, handover of consumer information including any changes in care needs, is undertaken verbally between each shift and through daily meetings. Changes are also communicated through written documentation such as care plans and progress notes including updates following review by medical officers and allied health professionals who contribute to the care of consumers. Care documentation also evidences referrals to medical officers and allied health professionals are undertaken routinely and in a timely manner when responding to emergent health issues.

Information on infection control was displayed throughout the service and review of documentation confirmed consumers, representatives and staff have received information from the service regarding minimisation of infection related risks including for COVID-19. Care and clinical staff described strategies implemented, such as pre-entry screening, annual influenza vaccinations, handwashing and use of personal protective equipment to reduce infection related transmission risks. Care and clinical staff also described strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements. The service provided education to staff and had policies and plans to prevent or manage an infectious outbreak. Clinical indicators monitor infection rates and address emerging issues.

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 expressed the services and supports for daily living provided by the service met their needs, they were assisted to participate in activities of interest, both internally and externally to the service. Consumers confirmed staff were aware of their individual needs and ensured their emotional supports needs were met through being available to talk to and assisting them to maintain relationships with people who are important to them. Consumers said meals provided were varied, of suitable quality, and they received plenty to eat.

Staff demonstrated a shared understanding of what was important to individual consumers, what they liked to do, their relationships of significance, emotional and spiritual support needs. Staff confirmed the activities program contains a variety of activities, including on-site chapel services, bingo, handball and community excursions. Consumers and their family members were informed of activities and social events via a monthly newsletter, calendar or whiteboards displayed throughout the service and were also prompted or assisted by staff to attend. Staff confirmed the activities program was monitored through feedback to ascertain consumer enjoyment and seek consumer input on new activities.

Staff described individualised strategies to support consumers when they were feeling low or socially isolated including facilitating engagement with family members, both in person, virtually and via the telephone. Staff advised escorted transport services are arranged to assist consumers to attend external appointments, if required.

Equipment used to support consumers to engage in lifestyle activities, such as walking aids and wheelchairs, appeared to be suitable, clean and well-maintained. Staff confirmed they had access to a range of craft, leisure activity supplies and mobility equipment to meet consumer needs and described how to report damaged or faulty equipment to initiate repair. Maintenance documentation evidenced reactive and proactive equipment maintenance was completed.

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 stated they felt safe and comfortable living at the service, the service environment is easy to navigate, and they have free access to both indoor and outdoor areas. Consumers and representatives said the service and the equipment in the service was clean and well-maintained. They said the furniture and fittings were comfortable.

The environment to be secure, clean and tidy. The front reception area and service environment was welcoming, and staff were available to assist, or direct consumers and visitors as required. Clearly marked signs were displayed to assist people to navigate throughout the service. The service has closed-circuit television cameras within communal areas and after-hours visitor access is monitored to promote consumer safety.

Furniture, fittings and equipment were clean, well-maintained and suitable for purpose. Mobility aids and hoists were in good condition and stored safely. Staff confirmed they had access to sufficient equipment to perform their roles and meet the needs of consumers.

Maintenance staff described how maintenance was managed at the service, including both reactive and preventative maintenance. The maintenance log evidenced regular maintenance of the service environment and there were no outstanding maintenance requests at the time of the Site Audit. The preventative maintenance schedule included checking and cleaning of furniture and equipment, including equipment such as wheelchairs and wheeled walkers that was personally owned by consumers. The documentation established that reactive maintenance was attended in a timely manner and preventative maintenance was undertaken as scheduled. Staff demonstrated that they were aware of how to report items requiring maintenance and monitoring of the service environment was adjusted when deficiencies were noted.

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 to provide feedback and raise concerns, they felt safe raising concerns verbally with staff and directly with management. They advised feedback forms and advocacy services were accessible if these were required. Consumers and representative said management’s response and actions to feedback met consumer expectation and were appropriate.

The service had complaints management and open disclosure policies which explained the service’s commitment to support consumers to make a complaint in the easiest way for them. A consumer handbook and posters displayed throughout the service, provided information on how to access external complaints organisations, advocacy support or interpreter services. Hard copy feedback forms are distributed as part of the monthly newsletter and a secured suggestion box was available for consumers and representatives.

Staff stated they would immediately apologise to complainants and attempt to resolve their concern in the first instance or escalate the matter to management if they could not resolve it. Complaints were entered into an electronic management system and investigated the concern within a framework of open disclosure. Management and staff were aware they could lodge concerns, access language, interpreter and advocacy services on behalf of the consumer. Education records confirmed staff are provided with training in complaints management processes and open disclosure.

The service’s complaints management system established the sources of the complaint, results of any investigation, how it was managed, the response provided to the complainant including any follow up actions to be taken and an apology provided. Feedback data was compiled on a monthly basis where feedback was compared, reviewed and monitored at the service level and contribute to reports provided to the Board at an organisational level. Documentation confirmed feedback and complaints are utilised to improve the quality of care or services.

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 representatives said there were sufficient staff to deliver care and services which met their needs and the staff were kind caring and respectful in their approach. They said staff were aware of their individual needs, were skilled and competent to deliver the care that matched their needs. Consumers said staff responded to calls for assistance in a timely manner.

The organisation had systems and procedures in place to direct recruitment processes with minimum qualifications and core competencies established for each role, roster management with defined staff allocations and provisions for staff leave replacement, professional development including role specific and scheduled mandatory training. Annual staff performance appraisals were undertaken to monitor staff conduct and determine additional training needs.

Due to the service’s remote location, various employment strategies are utilised, and all incoming staff undergo an orientation program with competency assessment included. Staff are required to complete mandatory training and accessed training through various mechanisms which included topics on manual handling, infection control and the Quality Standards. Feedback is utilised to monitor staff competency and disciplinary action is taken as required.

Staff advised the skill mix and allocation of staff was sufficient to meet the care and service needs of individual consumers. Staff confirmed the qualifications required to perform their role and their participation in annual performance appraisals. Staff described management as responsive to requests for training and completion of training was monitored.

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 considered the organisation to be well run and advised they can influence the delivery of care and services such as personal care, clinical care, lifestyle programs and meal service, via their feedback provided during meetings, discussions with staff, participation in case conferences and completion of surveys.

The governing body promotes a culture of safe, inclusive and quality care through the organisation’s governance and quality framework. The roles and responsibilities included set out the overall culture for quality and safety within the organisation. The governing body takes accountability for care and service delivery and ensures that the Quality Standards are met through monitoring performance reports provided by the service.

The service was able to demonstrate that effective governance systems were in place to define the leadership, responsibility and accountability for maintaining compliance with the Quality Standards and to deliver quality care to its consumers.

The service demonstrated it had effective information management systems to provide all staff with relevant and current information to help inform their roles competently. Staff could readily access the information they needed about the organisation’s systems, processes, practices and about the care and service requirements of each consumer on the organisation’s electronic systems.

A central continuous improvement system ensures opportunities to improve care and service delivery was identified through audits, feedback or critical incidents was recorded, monitored and evaluated to inform the service’s actions.

The service had an annual budget which was monitored, with expenditure reports generated monthly. The service was able to demonstrate replacement of multiple capital items which were progressed through a business case seeking changes to the operational budget.

Management monitored legislation and advised any changes that may impact on the service’s operations were communicated to staff in emails, at staff monthly meetings and through training sessions. Staff could describe how legislative changes had impacted the approach of the organisation in relation to use of restraint.

The organisation’s risk management framework incorporated policies and procedures that included the identifying and responding to abuse and neglect of consumers. Staff demonstrated they were aware of their reporting responsibilities in the event of an allegation of abuse raised with them or witnessed by them. Management confirmed it daily monitoring ensured its systems were working.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff described how these policies influence their daily practice including ways they can minimise infection and providing apologies to consumers when a complaint is made and the use of restraint used within the service had been reviewed to ensure the least restrictive practice is used or ceased entirely where appropriate.

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.