Calamvale Parklands Care Community

Performance Report

8 Raffin Crescent
CALAMVALE QLD 4116
Phone number: 07 3723 0400

**Commission ID:** 5537

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 18 January 2021 to 21 January 2021

**Date of Performance Report:** 3 March 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 assessment, the Site report was informed by a site assessment from 18 to 21 January 2021, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Assessment Team’s infection control monitoring checklist completed during the Site Audit from 18 to 21 January 2021.
* the provider’s response to the Site Audit- site report received 22 February 2021, including an email and document with a written response.

# 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 stated they were treated with respect by staff and consumers were encouraged to do things for themselves. They said staff are engaging in the delivery of care and services and encouraged consumers to do things for themselves. Consumers and representatives said that staff know what is important to them and that staff supported their lifestyle choices, preferences and decisions. Most consumers and their representatives stated that their personal privacy is respected.

Staff were guided by organisational policies that outlined the rights of consumers to be treated with dignity and respect and to live the best life they can.

Staff demonstrated knowledge of what was important to consumers and could describe how they ensured consumers’ preferences were understood and respected. Staff described various ways in which they provide information to consumers regarding menu options, lifestyle activities and how they would like their services delivered. Staff demonstrated they were familiar with consumers’ lifestyle preferences and cultural backgrounds and were supported to maintain relationships with family and friends.

Care planning documents reflect what is important to the consumer and provide staff with information to guide staff in the delivery of care which is tailored to consumers’ needs and preferences.

The service’s organisational guidelines specified how personal information is collected, shared and protected.

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 stated they are involved in the ongoing assessment and planning of consumer’s care. They said they are informed about the outcomes of assessment and planning and have access to consumer’s care information. Most consumers and representatives were aware of how to access the consumer’s care plan.

Care planning documents reflect the consumer’s individual needs, goals and preferences including advance care planning and end of life preferences. Care planning reflects the involvement of other providers of care such as medical officers and allied health providers. Care planning documentation includes information relevant to consumer’s needs including but not limited to pain management, skin integrity, behaviour management, restraint, nutrition, hydration and mobility. Initial assessments are completed and reviewed by registered staff to inform the delivery of safe and effective care.

Initial assessments are completed and reviewed by registered staff to inform the delivery of safe and effective care. A suite of evidence-based assessment tools were available for staff to access in the service’s electronic clinical care system. A review of care documentation confirmed assessments were completed upon entry to the service and when consumer’s circumstances change. Care documentation demonstrates that referrals have occurred to medical officers and allied health providers including speech pathologists, physiotherapist, dietician and podiatrist.

Staff were guided by policies and procedures relating to care planning and assessment processes regarding assessment processes including advance care planning and end of life preferences. Registered staff described how they approach advance care planning and end of life consumers with consumers and their representatives on admission and when case conferences with consumers and their representatives occur.

Registered nurses described processes for assessing consumers’ needs and these were evidenced in assessment and care planning documentation. Staff stated they had been provided with relevant training regarding care planning review processes and communicating outcomes with consumer and representatives. Staff were aware of incident management and the service’s consumer review process which occurs every four months or when changes occur in consumer’s needs had occurred.

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 receive personal and clinical care that is safe and right for them. They provided various examples of how staff ensure the care provided to consumers was right for them. This included regularly asking them about their care and the way it is delivered and involving them in discussions regarding alternative care options available. Consumers and representatives said the consumer is referred to their medical officer or other health professional to meet their changing personal or clinical care needs. They said the referrals occur promptly and they are satisfied with the care delivered by those to whom the consumer has been referred.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for consumers and how incidents were used to inform changes in practice.

Care planning documentation demonstrated the delivery of safe and effective care and the involvement of other health professionals. 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 planning documents and progress notes established that staff identified and responded to a deterioration or changes in a consumer’s condition and health status. Clinical records evidenced referrals and input from medical officers and a range of allied health and other health professionals.

The service had policies and procedures for key areas of care in line with best practice, including restraint, pressure injury prevention and management and pain management.

Restraint authorisations were current for consumers who require physical and were prescribed psychotropic medications for the purposes of chemical restraint.

The organisation had a wound management and skin integrity guidelines. The guidelines outlined an evidence-based approach to promote healthy skin and management of wounds. Wound care was attended by registered staff and there was evidence of the engagement of an external wound specialist who provided additional support and guidance in the management of wounds.

The service had a pain management procedure that explained the process for verbal and non-verbal assessment of pain and the implementation of appropriate strategies. Care documentation evidenced that staff managed consumer’s pain management needs and allied health professionals applied pain management treatments when required.

The service recorded clinical and personal risks for consumers in care plans and on the service’s risk management system. Care planning documents demonstrated the service identified risks associated with the care of the consumer and the actions implemented to minimise the risk. Staff were aware of individual consumer’s risks and risk management strategies. Monthly clinical indicator data was considered at a service level and reported at an organisational level.

The service had a policy and procedures relating to palliative care and end of life care. Consumer files detailed the personal preferences relating to end of life care and documented advanced health directives or statements of choices.

Consumers and representatives expressed confidence with the service’s ability to support their end of life needs and preferences.

Staff are guided by policies relating to assessment and response to changes in the clinical condition of consumers. The service had registered nurses on site 24 hours a day and Clinical Managers and medical officers could be contacted for support after hours.

Progress notes, care plans and handover information provided adequate detail to support effective and safe sharing of consumer information. Care documentation was accessed by medical officers and allied health specialists. Registered staff and care staff described the handover process where information regarding any changes to consumers’ needs and preferences were communicated between staff. Staff said they also had access to electronic care documentation.

Care planning documents evidenced referrals to and the contribution of medical officers and allied health professionals to the care of consumers.

Registered staff described how infection related risks were minimised including the use of personal protective equipment and good hand hygiene.

The organisation had policies and procedures relating to antimicrobial stewardship, infection control management and an outbreak management plan for Covid-19.

Staff said they had received influenza vaccinations. They said also that the service had ample supplies of personal protective equipment and hand sanitiser.

Pre-entry screening occurred for all staff, visitors and contractors. The Assessment Team observed the availability of Personal Protective Equipment and hand hygiene facilities throughout the service.

Clinical incident data was collated and recorded on the service’s risk management system which are reported on each month.

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 stated that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. They said they are supported by the service to participate in activities they choose and are engaged by staff to do things of interest to them. Most consumers and their representatives said consumers enjoy the food and are supported to have culturally appropriate meals by the chef. Consumers and representatives said they were supported to maintain contact with the people who were important to them.

Lifestyle and care staff were able to describe how activities are developed and reviewed each month to ensure they. Lifestyle staff said they partnered with the consumer or their representative when the consumer entered the service to determine their individual preferences. Staff stated they are notified of changes in consumers’ needs through handovers and the service’s electronic care system. Staff said monitoring processes to ensure consumer satisfaction with meals included verbal feedback, observations and monthly food focus meetings.

The care planning documentation contained detailed information regarding consumers lifestyle and dietary preferences. Care planning documentation reflects involvement of others in the provision of lifestyle supports including external services and includes information about personal relationships and the support required to assist consumers to participate in activities within the services and the broader community.

Staff described process for the reporting of corrective maintenance issues with equipment which are monitored daily by maintenance staff.

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 representatives said the service environment is welcoming and visitors are encouraged to participate in activities, such as bingo and garden walks. Consumers and representatives described how they access activities in different areas of the service including quiet areas if they wish. They said they enjoy accessing the communal areas including the gardens and café. Consumers and representatives stated the service is clean, well maintained and they feel safe residing at the service. Most consumers said that furniture fittings and equipment are clean, well maintained and suitable for them.

Maintenance documentation demonstrated routine maintenance occurs and faulty equipment is identified and removed from the service for repair. Staff described maintenance processes for equipment that is used to meet consumers mobility needs.

The Assessment Team observed the environment to be clean and tidy and lifting equipment was observed to be maintained, clean and suitable for consumers needs.

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 and they felt safe doing so. Most consumers and representatives said they were aware of complaints processes and were satisfied with action taken by the service in response to feedback.

The service had a complaints management procedure which included information regarding open disclosure. A consumer handbook provided information on how to access advocacy support services or interpreter services. Hard copy feedback brochures and a secured suggestion box were available for consumers and representatives.

Staff described how they would support consumers from culturally and linguistically diverse backgrounds or consumers with a cognitive impairment to provide feedback. Most staff were aware of external feedback mechanisms available to consumers and representatives. Staff meeting minutes demonstrated information was provided to staff regarding the organisation’s complaint management procedure which included information on open disclosure.

Consumer meetings are conducted each month to provide consumers and representatives with the opportunity to raise concerns. The service’s continuous improvement register reflected changes made by the service in response to complaints and feedback received.

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 they get quality care and services when they need them and from people who are knowledgeable, capable and caring. They provided examples of what this means to them which included being supported to participate in events of cultural significance. Consumers and representatives said there were sufficient staff to support care and services and stated they are confident that staff know what they are doing. They said they were satisfied with call bell response times and did not have to wait long for assistance.

Staff stated they have enough time to complete their duties and staff unable to attend their shifts are replaced. Staff said they receive training and support from management. Documentation demonstrated all staff were up to date with mandatory training.

The service has a policy that covers reviews of staff performance which includes a performance appraisal program which occurs following probationary periods and annually thereafter. Management said feedback from staff and consumers and representatives is used to monitor staff’s performance. Documentation demonstrated that the service rosters a registered nurse each shift to provide support and clinical oversight with the availability of additional support from management after hours. The service had position descriptions that set out the skills required for positions in the service.

The Assessment Team observed staff engaging with consumers in a respectful manner and addressing consumers by their preferred name. Staff described the specific needs of consumers including their preferred methods of interaction, behaviours and personal preferences.

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 representatives said the organisation was well run and that they can partner in improving the delivery of care and services. They said they are supported to engage in the development, delivery and evaluation of care and services. Engagement occurs through resident meetings, feedback and complaints processes, satisfaction surveys and management review processes.

Management said consumers are supported to engage in the development, delivery and evaluation of care and services through consumer meetings, case conferences, phone calls, food focus forums, monthly satisfaction surveys and feedback and complaints processes.

The organisation’s governing body was accountable for the delivery of safe, inclusive and quality care and services. The board established an executive clinical governance committee and workplace health and safety team. These bodies practice accountability on the board’s behalf by receiving information about safety and quality of care from individual services, determining appropriate responses and providing advice to the board.

Management said clinical incident data is collated by the service, reviewed by the regional management team and forwarded to the executive clinical governance committee to monitor trends. In addition, the service conducts audits and consumer satisfaction surveys to identify and respond to performance issues identified in results.

Management and staff said they can access relevant information through the service’s electronic documentation system, handovers at the beginning of each shift, staff meetings and through electronic mail correspondence and memorandums.

Documentation demonstrated the service has a continuous improvement system and a policy to guide staff in its operation. There are processes to monitor the service’s performance and compliance with the organisation’s policies and a plan for continuous improvement is maintained.

The General Manager said they have financial delegation to make short term financial changes to the budget to meet consumers’ needs. Staff stated they have sufficient equipment and said they were able to request additional equipment from management if required.

The organisation’s governance framework incorporated a risk management plan and 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. They described strategies for the prevention of injuries from falls and health issues associated with swallowing difficulties.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Management and staff said they were aware of the open disclosure policy and applied it when addressing complaints and providing feedback on incidents.

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.

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.