Caloundra Place Care Community

Performance Report

Lyon Street
DICKY BEACH QLD 4551
Phone number: 07 5491 5155

**Commission ID:** 5993

**Provider name:** DPG Services Pty Ltd

**Site Audit date:** 2 June 2021 to 4 June 2021

**Date of Performance Report:** 6 July 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer 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 were respectful, knew what was important to them and encouraged their independence. They said they felt comfortable and safe and staff were aware of their individual needs and preferences. Consumers said they were supported to exercise choice and maintain their relationships and independence. Consumers and representatives confirmed consumers were supported to take risks and were supported by the service to live the best life they can. They said they were updated regarding any changes in consumers’ needs and preferences through meetings, telephone calls, emails, newsletters and care reviews. Consumers said their personal privacy was always respected by staff.

Care planning documentation included information about what was important to each consumer and their backgrounds. Care information reflected the assessed needs of consumers including their cultural and spiritual preferences. Care information evidenced consultation with consumers and their representatives.

Staff had a shared understanding regarding what was important to each individual consumer and how this influenced the delivery of their care. Management advised information regarding a consumer’s spirituality, ethnicity, sexuality and culture was obtained on entry to the service and reviewed regularly. Staff were aware of consumers’ nominated decision makers involved in their care of and how to access their contact details. Staff confirmed care planning was respectful of consumers’ choices, goals and preferences and was recorded and accessible by staff. Staff supported consumers to make choices which on occasion, involved risks including, but not limited to, lifestyle choices, medication administration, smoking and sleeping.

Staff received training regarding cultural diversity, inclusiveness, privacy and dignity and respect during their orientation, toolbox talks and mandatory education. The service monitored consumer satisfaction through surveys, written feedback and one on one discussions when issues or concerns were raised.

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 confirmed they were involved in assessment and care planning processes. They said they were always contacted following incidents or when changes in consumers’ clinical conditions or treatment plans occurred. Consumers and representatives advised the care needs of consumers were reviewed regularly, when circumstances changed, or incidents impacted on the needs, goals and preferences of consumers.

Care documentation evidenced the completion of comprehensive risk assessments which were completed on entry to the service and were reviewed every four months or when changes were identified. Care documentation detailed the individual needs, goals and preferences of consumers including advance care planning information. Conversations regarding end of life planning were discussed on entry to the service, during case conferences and care reviews. Care planning documentation reflected the involvement of other health professionals including Medical officers, allied health professionals, nurse practitioners and geriatricians. Care planning information evidenced the outcomes of assessment and planning were recorded and available for consumers and their representatives to access.

Staff had a shared understanding of the service’s care planning and assessment processes which identified risks to consumers’ health and well-being including, falls, skin integrity, mobility, weight, dietary needs, verbal and physical behaviours and pain. Registered staff had a shared understanding of how to approach end of life discussions. Management advised care planning for consumers with cognitive impairments was planned and included their history, diagnosis, risks and expressed preferences which were monitored regularly for appropriateness. Registered staff confirmed they contacted representatives by telephone or in person when changes in the care needs of consumers were identified. Registered staff were responsible for the review of care and service plans and ensured all those involved in care delivery including, but not limited to, allied health and lifestyle staff were consulted prior to scheduled care plan reviews every four months.

The service had organisational policies and procedures regarding assessment processes and included the consideration of risks, care planning, palliative care, advance care planning and consumer directed care. Staff could access a suite of evidence-based assessment tools on the service’s electronic care system. Incidents were documented in the electronic care system, investigated, analysed and were and were discussed at clinical meetings and reviewed to evaluate care and contribute to improvement processes.

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 advised they received the care they needed and had access to a Medical officer and other health professionals when required. They said staff informed them about their care and provided personalised care that met their needs and preferences. Representatives confirmed they were notified immediately following incidents or when changes were identified in consumers’ conditions.

Care information reflected the identification of, and response to, deterioration or changes in the consumer’s condition and health status. Wound management reflected the appropriate management, monitoring and review of consumers’ wounds. Care information evidenced the effective implementation of pharmacological and non-pharmacological pain management strategies. For consumers who required restrictive practices, care documentation reflected the appropriate consultation, authorisation and assessment information had been recorded. Clinical records evidenced referrals and input from Medical officers, a range of allied health and other medical professionals.

Care documentation evidenced the service identified risks associated with the care of consumers and actions to effectively mitigate those risks including, but not limited to, smoking, oxygen therapy, mobility, indwelling catheter management, medication administration and weight loss. Care information for consumers nearing the end of their life evidenced their needs and goals were addressed and their comfort was maximised. Care documentation reflected referrals to other providers had occurred when required and consumers could access health professionals including allied health services, medical specialists and other specialist services.

Staff advised the safety and effectiveness of care was determined through the service’s feedback processes and monitoring of clinical incidents including, but not limited to, falls, pressure injuries, skin tears and infections. Registered staff were readily available to review any concerns regarding consumers’ conditions. Staff had a shared understanding of the risks associated with the care of each consumer and effective risk management strategies. Staff could access external palliative care services for additional support or advice when required.

Care staff had a shared understanding regarding their reporting responsibilities when a change or deterioration was identified in a consumers’ condition. Staff were provided with access to the service’s electronic care system and confirmed key information was discussed during staff handovers. Registered staff had a shared understanding of the service’s referral processes. Staff were aware of the practices and processes required for effective infection control prevention and management.

Best practice information was dispersed to staff through staff training, discussions, resources and policies and procedures. The service had policies and procedures regarding restraint, skin, pain management, recognising and responding to clinical deterioration, antimicrobial stewardship, infection control and emergency management planning for COVID-19. The service had practices in place to minimise the risk of infections. The service had processes and flow charts in place for staff to access to ensure personal and clinical care delivered was safe and right for all consumers.

Clinical indicator data for risks such as falls, medication incidents, wounds, infections, pressure injuries and weight loss were collected, analysed and reported on each month. Staff had received training regarding palliative care, wound care, infection prevention and control, antimicrobial stewardship and emergency management planning for COVID-19. The service had access to medical professionals at the local hospital including Medical officers, geriatricians, a nurse practitioner, acute mental health services and palliative care services for advice and support. The Clinical manager and General manager were available for after hours support seven days per week.

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 the lifestyle program supported consumers’ lifestyle needs. They said staff supported consumers to participate in additional individual activities. Consumers confirmed their emotional, spiritual and psychological well-being was well supported within and outside the service. Consumers said they were supported to do things they were interested in within and outside the service and were encouraged to maintain relationships of importance. Consumers and representatives felt information regarding their daily living choices and preferences were effectively communicated between staff. Consumers were satisfied with the meals available which included gluten free, vegetarian and lactose free options.

Care plans reflected information regarding what is important to consumers and things they enjoyed doing. Care documentation included information regarding the emotional, spiritual and psychological needs and preferences of consumers. Care planning documentation evidenced information regarding consumers’ interests, participation and involvement and relationships of importance. Information regarding consumers’ dietary and lifestyle preferences were available for staff to access and were aligned with their needs and preferences. Care documentation reflected referrals to individuals and other providers of care and services had occurred. Care planning documentation and catering information captured the specific dietary needs and preferences of consumers.

Staff had a shared understanding of consumers’ interests which was consistent with care plan information. Lifestyle staff confirmed the lifestyle calendar was developed in response to consumer feedback, consumer and representative meetings and survey results. Staff were aware of strategies that effectively supported the emotional, spiritual and psychological needs of consumers. Staff said they were updated of changes in consumers’ needs and preferences through formal handover processes, care plan information and dietary requirement reports. Lifestyle staff had a shared understanding of the organisations and supports available in the community for consumers. Catering staff were aware of the individual dietary requirements for consumers which included allergies and texture modified diets. Staff confirmed equipment at the service was safe, clean and maintained regularly.

Activity calendars were on display throughout the service. Staff could access policies and procedures regarding assessment, care planning and referral processes. A newsletter was provided to consumers and representatives and included information regarding activities and scheduled lifestyle events. All meals were cooked on site at the service and served directly to consumers in the dining room or wherever they preferred. The head chef ensured texture modified food was presented well, was tasteful and included texture modified birthday cakes which consumers enjoyed. Equipment used to support consumers to engage in lifestyle activities, including mobility aids, were safe, suitable, clean and well maintained.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they felt at home and considered the service a nice place to live. They were supported to decorate their individual rooms with personal belongings and personal furniture to make it feel homely. Consumers could move freely throughout the service and enjoyed accessing both indoor and outdoor areas. Consumers and representatives considered the environment to be safe, clean and well maintained. They said they felt safe when staff provided care using manual handling equipment.

The service’s management team including the Lifestyle coordinator, the Residential service manager and the Chef collaborated with consumers on entry and on an ongoing basis to understand their needs and preferences. The service’s maintenance team was available Monday to Friday and had access to external contractors if required seven days per week for any required repairs.

Staff had a shared understanding of the service’s hazard and maintenance reporting processes. Lifting equipment was easily accessible, well maintained and cleaned between each use. Preventative and reactive maintenance was completed as scheduled. Staff confirmed they had enough clinical supplies and equipment to meet the needs of consumers.

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 understood how to provide feedback and make complaints and felt comfortable doing so. They said consumers who raised concerns or provided feedback could describe what changes had been made in response. Representatives advised they felt comfortable raising complaints on behalf of consumers. Consumers said when things have gone wrong the service has apologised in their response.

Staff were aware of the service’s complaints processes and had a shared understanding of how to respond to consumer and representative feedback. Staff had a shared understanding of how to access language, interpreter and advocacy services to support consumers in raising concerns. Management advised feedback was discussed with consumers and representatives during scheduled case conferences and care plan reviews.

Complaints and care information evidenced the use of open disclosure when incidents occurred or when something went wrong. Feedback brochures secured boxes and advocacy information were located throughout the service. Feedback and complaints were discussed at consumer and representative meetings each month. Complaints were recorded in a specific register and reflected an apology, investigation and follow up actions when required. The service’s handbook includes information regarding the internal and external complaints processes. Complaints data was discussed during staff meetings including any improvements initiated as a result of feedback. Staff were provided with complaints management training including open disclosure each year and during orientation and toolbox talks.

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 staff were aware of their individual needs and responded to their requests for assistance in a timely manner. They said their interactions with staff were always kind and respectful and staff were supportive of their independence. Consumers and representatives considered staff to be suitably skilled to deliver care and felt confident they were able to meet their individual needs and preferences.

Care staff said they had enough time to complete their duties and could deliver care to meet the specific needs of consumers. Staff were generally allocated to the same areas of the service to ensure continuity of care was provided. Management advised staff competency and capabilities were determined through the organisation’s position descriptions, pre-employment checks, qualification and registration screening processes, performance appraisals and orientation processes. The Registered nurse educator worked across all shifts to ensure training and practical competencies could be completed for all staff including those on night shift. Staff advised the service was very responsive to their requests for additional education on request and if identified through the service’s performance review processes.

The organisation had a human resource management policy in its governance framework which included the code organisation’s code of conduct, education requirements, employee development and performance management processes. Staff were provided with mandatory training including the Serious Incident Response Scheme, elder abuse and COVID-19. Position descriptions were available which outlined the specific skills and attributes for each individual role. Monitoring processes engaged by the service in relation to staff performance included feedback, observations of practice, staff appraisals and informal discussions.

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 confirmed they were engaged in the development, delivery and evaluation of care and services. Management advised they regularly seek input from consumers regarding their care and services through a variety of ways including surveys, consumer and representative meetings, discussions, case conferences and internal feedback processes.

The organisation was governed by a Board which were provided with monthly reports regarding incidents, consumer feedback and complaints, staffing requirements and continuous improvement activities at the service. The organisation’s clinical governance framework states the Board is responsible for the quality and safety of clinical services.

The organisation had effective governance wide systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The organisation had a documented risk management framework which included the management of high impact or high prevalence risks, the identification and response to abuse and neglect, incident management and prevention and supporting consumers to live the best life they can. Staff had received training regarding the introduction of the Serious Incident Response Scheme and had a shared understanding of their reporting responsibilities.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraint usage and open disclosure. Staff confirmed they had received training regarding the clinical governance framework and had a shared understanding of how these their related to their roles and responsibilities.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.