Calvary Mitcham

Performance Report

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**Commission ID:** 6002

**Provider name:** Calvary Aged Care Services Pty Ltd

**Site Audit date:** 9 November 2021 to 11 November 2021

**Date of Performance Report:** 12 January 2022

# Performance report prepared by

Samantha Hicks, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-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) | Non-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 Commissioner’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 Approved Provider’s response to the Site Audit report received 6 December 2021.

# STANDARD 1 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The Assessment Team had consumer feedback stating that staff know what is important to them and felt their identity, culture and diversity was valued. In addition, consumers confirmed they are encouraged to maintain their independence, live the life they choose and are supported to maintain relationships of choice.

The Assessment Team viewed documents demonstrating how the service supported consumer choices to take risks, maintain relationships of choice and involve others in care as required. However, the service was unable to demonstrate each consumer is supported to safely take risks to enable them to live the best life they can.

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

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found that the service was unable to demonstrate each consumer is consistently supported to safely take risks to enable them to live the best life they can. Risk activity forms are completed for consumers who choose to take risks, including for consumers who choose to smoke. However, the service’s assessment processes did not identify potential risks for some consumers and risks were not consistently managed.

The Approved Provider submitted information, including context relating to the supporting consumer risk taking and minimising the impacts of these potential risks. The Approved Provider has shown that whilst some risks are well supported there is evidence of inconsistencies which have or could potentially impact a consumer’s well-being. With these risks potentially being significantly impactful for a consumer, the Approved Provider still needs improvement to be fully complaint.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated thateach 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 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives described occasions where they have been involved in, or informed of, assessment and planning and the care plan review process. In addition, all consumers sampled said they have a say in their daily activities and the way they want their care and services provided.

Care files viewed by the Assessment Team included a range of assessments relating to both clinical and lifestyle aspects of care. Information gathered from assessment processes and consultation with consumers and/or representatives is used to develop individualised care plans which are readily available to staff. In addition, care files viewed demonstrated consumers and/or representatives are consulted in relation to outcomes of assessments and changes to care plans.

Care files sampled demonstrated where health professionals are involved in consumers’ care. However, the service did not demonstrate that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumers.

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

The Assessment Team found that the service did not demonstrate that care and services are reviewed and updated regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The service has processes in place to ensure care and services are reviewed regularly, however, these have been ineffective as seen by the Assessment Team.

The Assessment Team viewed progress notes and conducted interviews with staff/management and found that there had been changes to consumer care requirements, but this has not triggered a reassessment. This is turn meant the affected consumers did not have new care strategies in place to optimise their care and well-being.

In contrast, the Assessment Team did find the service demonstrated some understating and application of this requirement. This included reassessment after falls and return from hospital. In addition, recommendations following dietitian or speech pathology review were incorporated into care plans.

The Approved Provider submitted information, including context relating to the care needs of the consumers of concern and improvements that have been made since the time of the site audit. Whilst the Approved Provider has shown that in some instances their review process is functioning there is evidence to suggest that this is not consistently applied, and this is leading to impacts for consumers both in their care and comfort.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives confirmed consumers have access to health care professionals when they need them. In addition, consumers and representatives said they are confident staff know consumers’ well and would recognise, report and manage any issues with their health or well-being.

A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences and the Assessment Team sighted evidence. Staff have access to policies and procedures relating to best practice care including in relation to restraint, pain and skin integrity. These documents are regularly reviewed and updated to reflect best practice principles and guidelines.

The Assessment Team sighted evidence consumers end of life care wishes and preferences were recognised and addressed, their comfort maximised, and dignity preserved. Consumer files viewed demonstrated monitoring of consumers’ health status is undertaken and documented including when needs change.

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.*

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer because one consumer with increased pain had not been provided with effective pain relief.

In contrast, sampled care plans for one other consumer identified effective assessment and management of a pressure injury, for example, a consumer had been reviewed and interventions, such as pressure relieving cushion have been implemented following the identification of a pressure injury. In addition, consumers with weight loss were identified and reviewed, two files sampled demonstrated the consumers had been reviewed by the dietitian and recommendations had been incorporated into the care plan.

The Approved Provider submitted information, including context around the complex care needs of the consumer of concern and documents of medical review relating to the issues identified by the Assessment Team. After taking this into consideration there is not enough evidence to state there are systemic shortfalls in how the Approved Provider manages high prevalence or high impact risks to consumers. The Approved Provider also provided a continual improvement plan to demonstrate their continued commitment to reducing risks for consumers.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that they effectively manage 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 supports 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall, sampled consumers considered 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, including being given choices. Consumers said they enjoy the diversity of activities facilitated by the service.

Consumers felt supported to access spiritual, emotional, and psychological support, both provided by the service and by outside organisations. In addition, consumers confirmed they enjoy the meal service provided, including meals are of good quality and variety. Consumers also said they are always able to access enough food, both during mealtimes and at other times of the day.

The service demonstrated it had relevant policies and guidance for staff in relation to lifestyle supports, and lifestyle documentation viewed demonstrated care and lifestyle assessments are undertaken regularly to ensure contemporary information is available to staff and others who are involved in consumer care and service delivery.

The service demonstrated how it assists consumers maintain important and personal relationships and connections with people important to them, and with the local community. The Assessment Team observed evidence that the service supports consumers to connect with others outside the service to enhance consumer well-being and quality of life, and provides lifestyle supports considerate of individual consumer interests, needs and preferences.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The Assessment Team also examined relevant documents.

Overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they enjoyed being in the service environment; they found it homely and felt supported to personalise it to suit their needs. In addition, consumers and representatives said they can easily access the outdoors when they wanted to, and they felt safe to do so. Consumers and representatives also felt they could contribute to the ongoing development of the service through the service’s feedback mechanisms, and the service demonstrated how they encourage and support feedback.

The Assessment Team observed the service environment to be welcoming, clean, well maintained and provides consumers with a variety of areas to spend time both alone and with others.

Staff and management described how they ensure the service environment, equipment and consumers’ rooms are safe, cleaned and maintained. In addition, the Assessment Team viewed maintenance and cleaning documentation showing the service has reactive and preventative processes in place to ensure the service environment is safe, clean and well maintained. This included calibration and certification of relevant equipment and compliance with legislative requirements for environmental safety.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers said they are supported to make complaints and are given opportunity to give feedback through feedback forms, surveys at meetings and verbally to staff or management. Consumers said staff are responsive to their concerns when raised and action them in a timely and appropriate manner.

Staff were able to describe how they support consumers and representatives to provide feedback. The complaints register, and consumer meeting minutes viewed by the Assessment Team reflected feedback mechanisms were present.

The service has policies and procedures which guide staff in complaints and open disclosure processes and the service demonstrated open disclosure is used where gaps in care or service delivery are identified.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers thought staff were both competent and gentle when delivering personal and clinical care, and said that staff were personable, and knowledgeable about their individual needs and preferences. In addition, consumers confirmed that staff treated them in a way that was respectful of their individual identity, culture and diversity.

Management demonstrated how they consider a variety of factors, including consumer and staff feedback to ensure the number and mix of staff is appropriate to deliver a consistent level of care. Management provided examples where they had adapted staff numbers to address changing consumer needs.

Staff stated they felt supported by management through education and training opportunities to deliver quality care and services. Discussion with management, and associated documentation viewed by the Assessment Team demonstrated how the service ensures it recruits and retains a competent, skilled workforce with relevant qualifications and knowledge.

Management demonstrated how staff practice is monitored and reviewed. Staff performance and other factors, including changing consumer needs help inform ongoing training to ensure staff have a contemporary knowledge to deliver care outcomes required by the Quality Standards.

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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, sampled consumers and representatives considered the organisation to be well run and that they can contribute to development, review, and improvement of care and service delivery.

Management was able to articulate and demonstrate a range of reporting mechanisms to ensure the Board are aware and accountable for the delivery of care and services. Management also outlined the governance arrangements to ensure the effective management of information, the workforce and regulatory considerations are met. The service could demonstrate both an effective feedback and complaints framework and continuous improvement system.

The service has a range of policies and procedures as part of an effective governance system, including but not limited to, managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. In addition, management were able to provide examples of how clinical incident data is monitored and used to inform delivery of care, both at service- and organisation-wide. Management and staff were able to refer to policies and procedures regarding antimicrobial stewardship, minimising the use of restraint and open disclosure and describe how they apply in practice.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

### Requirement 2(3)(e)

*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.*

* Review process for addressing inconsistencies when incorporating consumer changing circumstances into consumer plans to reflect current needs, goals and preferences.
* Carry on with implementation of the continuous improvement plan so that the care and services are revised regularly for their effectiveness when influenced by changes in circumstances.

### Requirement 1(3)(d)

*Each consumer is supported to take risks to enable them to live the best life they can.*

* Develop more robust processes to ensure there is consistency for a consumer that protect their safety whilst enabling them to take risks where possible or alternatively where this is not possible or as the risk factor changes and becomes too great, it is discussed and explained to the consumer.
* Carry on with implementation of the continuous improvement plan so that the consumers are enabled and protected to take risks to enable them to live their best life.