Churches of Christ Care Aged Care Service Woorim

Performance Report

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**Commission ID:** 5564

**Provider name:** Churches of Christ in Queensland

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

**Date of Performance Report:** 9 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 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said staff treated them in a kind, respectful and dignified manner and valued them as individuals. They confirmed staff delivered care that was culturally, socially and emotionally safe for consumers. Consumers and representatives said they were supported by the service to exercise choice and independence and to maintain relationships of importance to them. They confirmed that consumers were supported to take risks to live the life they choose.

Consumers and representatives advised they were provided with enough information to assist with decision making in relation to their care and services. They said staff respected their personal privacy and discussed information regarding their care in a confidential manner.

Care planning documentation reflected the diversity of consumers and included information regarding what and who were important to them, their life journey, cultural background, spiritual preferences, family relationships and their individual personal preferences. Regular communication with consumers and representatives involved in their care occurred through informal discussions, case conferences, electronic mail correspondence and telephone calls which was evidenced in consumers’ care information. Care information evidenced discussions had occurred with staff and consumers to support consumers who expressed a desire to take risks.

Staff understood the individual circumstances and life journeys of consumers which influenced the planning and delivery of their care. Staff had a shared understanding of how consumers’ culture and background influenced the delivery of their care and services. Staff were aware of people most important to consumers and supported consumers to maintain these relationships. Staff could identify individual risks for consumers and the strategies used to effectively support them including, but not limited to, smoking and medication administration. Management confirmed information updates were provided to consumers and representatives through electronic mail correspondence, telephone calls and case conferences. Staff ensured they discussed confidential information with the consumer’s Enduring Power of Attorney or nominated representative whose details were recorded in their care information.

The service’s strategic plan outlined the importance of diversity, inclusion and acceptance of consumers and representatives. The service had policies and procedures regarding consumer choice and decision making, risk assessments, risk management and the protection of personal information. Noticeboards displayed in communal areas of the service included information regarding activities, menus, complaints and feedback mechanisms and other relevant information and events.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives said their input was included in the assessment and planning processes at the service. They said care delivered was in line with their needs and preferences. Consumers and representatives confirmed other health professionals including, but not limited to, physiotherapy, podiatry, speech pathology, dietetics and specialist dementia services were involved in assessment and planning processes when required.

Care and service plans were individualised and included identified risks to each consumers health and well-being including, but not limited to, falls, dietary requirements and bowel management. Care planning documentation reflected end of life and advance care planning discussions had occurred between consumers and their representatives. Care planning documentation detailed the individual needs, goals and preferences of consumers. Care information reflected the involvement of other providers of care including Medical officers, allied health professionals and health specialists in assessment and planning processes.

Registered staff had a shared understanding of the service’s assessment and planning processes which were completed on entry to the service, during the consumer of the day process and care plan reviews every four months. Registered staff confirmed advance care planning and end of life discussions occurred on entry to the service and during care plan review processes. Care staff confirmed registered staff ensured they were updated when changes in consumers’ care needs occurred.

The organisation had documented policies and procedures regarding assessment and care planning processes, end of life processes, referral processes and information sharing.

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 said they felt confident and were satisfied they were receiving care that was safe and right for them and met their needs and preferences. Consumers pain and skin management needs were managed appropriately. They said risks associated with their care were monitored and managed by staff effectively. Consumers reported their needs and preferences were effectively communicated between staff. They said they could access a Medical officer or allied health professionals when required. Consumers and representatives expressed confidence in the service’s infection control practices and management of COVID-19 risks and precautions.

Care and service plans reflected care that was supported by best practice and was individualised to ensure consumers received care that was safe, effective and tailored to their needs. Risks associated with the care of consumers including, but not limited to, falls, medication administration and nutrition were identified using formal assessment tools. Care planning documentation reflected the end of life needs and preferences of consumers. Care information reflected the timely identification of, and response to, deterioration or changes in consumers’ conditions.

Care documentation including care plans and progress notes, provided adequate information to support effective and safe sharing of the consumer’s condition, preferences and care needs. Care plans reflected input form health professionals and other providers of care including, the Medical officer, oral and dental services, pathologists, physiotherapists and a cardiologist.

Staff had a shared understanding of the individual needs, preferences and clinical and personal care risks for each consumer and how to effectively manage and monitor them. Staff encouraged consumers to regularly moisturise their skin and have received training in the assessment of skin integrity including the identification of pressure injury risks, skin tears and bruising. Registered staff had a shared understanding of high impact and high prevalence risks for consumers at the service included, smoking, medication administration and pain and how to manage these risks effectively.

Registered staff were available seven days per week to support, monitor and deliver care to consumers nearing the end of their life. Changes in the needs and preferences of consumers were communicated between staff during formal handover processes, care information including progress notes and alerts in the service’s electronic care management system. Management and registered staff monitored staff practices to ensure infection control processes were practiced by all staff. Registered staff monitored the use of antibiotics and ensured they were used appropriately

The organisation had policies, procedures, guidelines and flowcharts for key areas of care including restraint, nutrition, skin integrity, post-falls management, pain management, palliative care and clinical deterioration, which were in line with best practice. Monitoring processes employed by the service to ensure consumers were provided with safe and effective care included clinical audits, the analysis of clinical incident data, regular monitoring of the service’s psychotropic medication register, service audits and staff training and competencies.

Infection control training had been provided to all staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

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 confirmed the lifestyle program supported their needs and they were engaged to participate in additional independent activities of interest to them. They said staff were attentive to their emotional needs and supported them when they were feeling low. Consumers confirmed they were supported to do things of interest within the service and in the community. They said they were supported to maintain contact with people who were important to them. Consumers reported information regarding their daily lifestyle choices were effectively communicated. They considered the meals to be of suitable quality and quantity and were aligned with their dietary needs and preferences.

Care documentation included the individual and specific interests of consumers and strategies used to support them to do things they enjoyed doing. Care planning documentation reflected the inclusion of information regarding the emotional, spiritual and psychological needs of individual consumers, and strategies available to increase their well-being. A chaplain visited the service each week to provide staff and consumers with pastoral care and religious support.

Care documentation reflected information regarding what consumers enjoyed doing, activity attendance and details of those relationships’ consumers wished to maintain. Care planning documentation included adequate information to deliver effective supports for daily living. Care planning documentation reflected the involvement of others in the provision of lifestyle supports, including volunteers and the visiting chaplain. Information regarding the specific dietary requirements and preferences of consumers was included in care plan information and dietary profiles for catering staff.

Staff were aware of what was important to individual consumers and how they could support consumers’ needs, goals and preferences to promote their independence and quality of life. Lifestyle staff advised due to COVID-19 visitor restrictions, the service had recently reintroduced bus outings, volunteer visits and visits from community organisations and church groups. Consumers were supported to keep in touch with people important to them through a variety of methods including telephone and video calls, software applications for representatives which provides, videos, audio and photographs of consumers’ activities at the service.

Staff were updated with changes regarding consumers’ lifestyle needs and preferences through formal shift handover processes and alerts in the electronic care management system. The Lifestyle coordinator was aware of organisations, services and supports in the community that could support the lifestyle needs of consumers when required. The hospitality team leader advised the menu is a four-week rotational menu which was reviewed by a dietitian and undergoes a seasonal change approximately twice per year.

Feedback forms, consumer experience surveys and verbal feedback were used to monitor consumers satisfaction with the lifestyle calendar and activities available. Activity calendars were on display throughout the service and copies were provided to consumers and their representatives. The service’s weekly newsletter was provided to consumers and representatives to inform them of events at the service, including service updates, the introduction of new consumers and spiritual messages to enhance the fostering of relationships.

Equipment used to support the lifestyle needs of consumers including mobility aids was suitable for their needs, clean and well maintained. The service’s internal auditing processes monitored the cleanliness and general condition of equipment which was replaced or repaired when required.

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 advised they felt at home and said the service environment optimised their health and well-being which made it a nice place to live. Consumers resided in single rooms with private bathrooms which were personalised with furniture, photographs and artwork. Consumers said the service was safe, clean and comfortable and they felt confident in the service’s responsiveness to maintenance requests. They confirmed they could leave the service whenever they wanted to and no visitor restrictions were in place at the time of the site audit. Consumers said they felt safe when staff were using mobility or lifting equipment to assist them with their activities of daily living.

The service had wide unobstructed corridors, pathways and gardens which encouraged and supported consumers’ mobility and independence. Consumers could access internal and external of the service areas freely whenever they chose including the service’s well-maintained garden areas. All areas of the service were clean, safe and a comfortable temperature.

The service’s maintenance program included scheduled, periodic and reactive maintenance of the service environment. Staff had a shared understanding of the service’s processes when hazards or equipment failures were identified, and confirmed maintenance requests were attended to in a timely manner. Staff confirmed they had access to and adequate supply of clinical and care equipment which was cleaned between use when shared between 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 said they felt encouraged, safe and supported to provide feedback and make complaints anonymously or with the assistance of staff. Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues to their satisfaction. While consumers had not lodged any recent complaints, they said the service was responsive to their suggestions.

Staff had a shared understanding of the service’s complaints processes and how they could support consumers to raise concerns. Management advised consumers and representatives were provided with information regarding feedback processes in a variety of ways including, in the service’s handbook, feedback forms, secured feedback boxes, bi-monthly consumer meetings, informal discussions with staff and routine and targeted surveys. Staff had received training regarding the service’s complaints processes and understood the principles of open disclosure.

The organisation had documented policies and procedures regarding feedback, compliments, complaints and dispute resolution processes. Complaints and advocacy information was available in different languages when required. Complaints, suggestions and feedback was recorded in the service’s consolidated register. While the service had not received any complaints in the previous 18 months, feedback and suggestions were recorded and contributed to service improvements. The service’s incident management system demonstrated staff were prompt to apply open disclosure processes when appropriate.

Feedback, suggestions and planned improvements were recorded in the service’s continuous improvement plan.

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 confirmed there were sufficient staff to meet their personal and clinical care needs. They said staff were prompt to respond to their requests for assistance and were always kind and respectful during their engagement with them. Consumers and representatives said staff performed their duties effectively, were well equipped and suitably skilled to meet their individual needs.

Management advised the service utilised staff from the Bribie Island service to replace unplanned leave and as a result has not required the services of an agency. The Clinical care manger was on call 24 hours per day seven days per week and a Registered nurse visits the service daily. Staff were required to complete mandatory education and training which included competencies and additional online modules were available to increase their professional knowledge and capabilities. Staff were satisfied with support provided by the service during their commencement and on an ongoing basis. They confirmed the service had robust probationary and performance review processes in place and had completed these when requested.

Staff performance was monitored through observations, formal and informal feedback and complaints mechanisms, clinical incident data and audit results. The service had a suite of documented policies and procedures to guide staff practice which outlined person centred care, the management of service personnel, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues were identified in performance. Position descriptions were provided upon commencement at the service and outlined the expectations of their respective roles. Performance reviews were completed each year and buddy shifts were part of the staff’s orientation processes. The service monitored and maintained a register of employee certificates and professional registrations. Staff participated in monthly meetings where any identified gaps in care were addressed by management and additional education provided.

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 service was well run and they were engaged in the development and delivery of care and services. Management and staff said consumers and representative input was achieved through consumer and representative meetings, the service’s feedback processes, discussions and surveys.

The organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body was accountable for the delivery of safe, inclusive and quality care and services. The Clinical and Care Governance Framework identified a leadership structure which outlined the roles and responsibilities of the executive leadership team and the Board. This framework outlined a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the Board having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

The organisation’s committees and Board had access to, and regularly reviewed, monitoring systems utilised by the service, including a range of databases and reports for incident management, feedback and complaints, internal quality audits, staff training, hazards and workplace safety. The organisation’s strategic plan and diversity and inclusion care policy established mechanisms used by the organisation and outlines expectations of management and staff for the promotion of a culture of safe, inclusive and quality care and services.

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

Information relating to regulatory and organisation-wide changes were disseminated to staff through staff meetings, newsletters, email correspondence and memoranda.

Continuous improvement was drawn from a variety of sources, including consumer and representative feedback and complaints mechanisms, regular analysis of clinical and incident data, and internal and external audits.

The service was allocated an annual budget, the organisation was responsive to requests for budgetary changes to support the needs of consumers.

Management and staff had a shared understanding of processes regarding the identification, escalation, addressing and recording of reportable assaults and incidents. Staff had received training on elder abuse and neglect, the Serious Incident Response Scheme, and how to use the electronic incident and risk management system. The Clinical care coordinator and Clinical care manager were the service’s appointed infection prevention control leads and had completed mandatory training specific to their role.

The organisation had a documented risk management framework which included policies regarding the management of high prevalence and high impact risks, the identification and response to the abuse and neglect of consumers and incident management. Staff had a shared understanding of their reporting responsibilities in relation to the abuse and neglect of consumers.

The organisation’s documented clinical governance framework included policies regarding antimicrobial stewardship, the minimisation of restraints and open disclosure. Staff had received education regarding these policies and had a shared understanding of the relevance to their practice. Registered staff were aware of strategies required to discourage the unnecessary use of antibiotics and to effectively minimise the risk of infections. While no consumers at the service were assessed to require restraint, staff had a shared understanding of the requirements for restrictive practices which included consent, trialling alternative interventions prior to using any form of restraint and monitoring and review processes.

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.