Disability SA Northgate

Performance Report

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**Commission ID:** 6203

**Provider name:** Department of Human Services

**Site Audit date:** 31 January 2022 to 2 February 2022

**Date of Performance Report:** 4 March 2022

# Performance report prepared by

James Howard, 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** | **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 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 conducted from 31 January 2022 to 2 February 2022; 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 provider’s response to the Site Audit report received 25 February 2022.
* other information and intelligence held by the Commission in relation to this 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised the Assessment Team that they were treated with dignity and respect, supported to maintain their identity, and could make informed choices about their care and services to live the life they chose. Staff explained how they tailored care and services for each consumer in respect of their identity, culture and diversity. Care planning documentation included information about consumers’ culture, religion and spirituality, and ways the service could deliver culturally safe care and services.

The service demonstrated that it respected consumers’ decisions about care and service delivery. Consumers provided examples of how the service supported them to maintain their independence, make connections with others and maintain relationships of choice. Care planning documentation confirmed the service respected consumers’ preferences to involve family, friends, carers or others in their care, and how their decisions should be communicated.

Consumers could undertake activities associated with risk, as validated against review of care planning documentation, which contained information about consumers’ needs, goals and preferences, risk assessments and strategies.

Information was provided in an accurate, timely manner, that enabled consumers and representatives to make decisions about care and services. Staff provided examples of how they provided information to consumers about day to day care and services, in a way that was easy to understand.

Staff explained in practical terms how they respected consumers’ personal privacy and preferences; for example, by knocking on a door before entering. Through observations, the service demonstrated that it kept consumers’ personal information confidential, which aligned to the service’s privacy and confidentiality policies.

## 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers and representatives confirmed that consumers were involved in the ongoing assessment and planning of their care and service delivery needs, to optimise their health and wellbeing. Staff described how they considered the needs, goals and preferences of the consumer to provide person-centred care. Care planning documentation demonstrated that the service’s assessment and planning process considered risk to consumers’ health and wellbeing, which informed the delivery of safe and effective care and services.

Risk was appropriately considered using best practice methods, evidence based assessment tools, and referrals to health professionals as required, to guide care and service delivery. The service provided policies and procedures to support staff in the assessment and evaluation of consumer risk relating to care and services.

Care planning documents demonstrated that consumers’ current needs, goals and preferences were recorded to inform care and service delivery, and aligned with feedback from consumers and staff. Clinical staff, including registered staff, advised that advance care and end of life care was discussed with consumers and representatives when the consumer wished to do so, and as care needs changed. Staff were guided in the assessment and planning process by the service’s advance care and end of life care policies and procedures.

Staff described how they involved consumers, representatives and other providers of care throughout the various cycles of care planning and assessment, from initial engagement, to scheduled reviews, or when circumstances changed. The outcome of assessment and planning was documented in consumers’ care plans, and communicated to consumers and, if requested, representatives. Consumers and representatives were able to access copies of consumers’ care plans if requested.

Review of care planning documentation, consumer and representative interviews confirmed that consumers’ care and services were regularly reviewed for effectiveness, and when circumstances changed.

## 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Review of the service’s risk management framework
* Observations during the site audit.

Based on a review of all the evidence, consumers received personal and clinical care that met their individual needs, and aligned with their goals and preferences. Consumer care was safe and effective, followed best practice guidelines and optimised health and wellbeing.

Staff were supported to provide safe, effective and best practice care through policies and guidelines which covered topics such as restrictive practices, skin integrity and pain management. The service’s monthly clinical indicator report demonstrated that the service analysed and responded to clinical indicators, incidents and risks, and used the information to identify improvements in the delivery of care.

The service demonstrated that it appropriately considered the following matters in the delivery of personal and clinical care:

* Restrictive practice: the service demonstrated knowledge and application of restrictive practice requirements under the *Aged Care Act 1997*, such as informed consent, behaviour support plans, review and monitoring to minimise use restraint.
* Skin integrity: the service demonstrated knowledge of skin integrity, wound care and pressure injury prevention management, verified through review of the service’s guidelines and procedures, and applicable care plan documentation.
* Pain management: the service demonstrated knowledge of pain management strategies and how it applied in practice, verified through review of care plans, documented pain management procedures, assessment tools and interviews with clinical staff.

Care planning documents, including risk assessments, demonstrated the effective management of high impact, or high prevalence risks associated with the care of consumers, including examples relating to falls risk, complex behaviours and swallowing impairments. Staff described how they minimised risks for consumers, which aligned with information contained in care plans.

Consumers and representatives advised that if end of life care was needed, they were confident the service would support the consumer in a dignified and comfortable manner and would include those who were important to the consumer. Staff described how they changed care and service delivery for consumers nearing end of life, and the practical ways they supported consumers.

Staff explained how they recognised and responded to deterioration or changes in a consumer’s mental health, cognitive or physical function in a timely manner, which aligned with information from sampled care plans. The service effectively shared information about the consumer’s condition, needs and preferences within and outside the organisation through shift handovers, care plan record management, and involvement of consumers, representatives and other health professionals as required.

The service demonstrated it considered infection control principles and antimicrobial stewardship through policies and procedures, and an outbreak management plan. Staff explained infection control practices relevant to their duties; for example, appropriate use of personal protective equipment and handwashing. Staff explained what resistance to antibiotics meant to them, and provided examples of practices that promoted appropriate antibiotic prescribing.

### 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 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised they received safe and effective services and supports for daily living that were important for their health and wellbeing, and enabled them to do the things they wanted to do. Staff demonstrated awareness of sampled consumers individual preferences, interests, hobbies, religious beliefs, culture, social and community relationships, which aligned with information in care plans.

Staff explained that if they identified any changes to consumers’ wellbeing, they engaged consumers in conversation, and offered support through various strategies such as engagement in activities, facilitating conversations with people important to the consumer, or referral to clinical staff as required. The service offered supports and services to look after consumers’ emotional, spiritual and psychological wellbeing; for example, through volunteer staff, religious groups and community organisations. Consumers were supported to keep in touch with the people who were important to them and to participate in the community within and outside the service, maintain personal and social relationships, and do things of interest to them.

Staff described the processes and systems in place to record and share information within and outside the organisation about consumers’ conditions, needs and preferences, as validated by review of care plans and site observations.

Staff provided examples of referrals for lifestyle and daily living supports that met the needs, goals and preferences of consumers, for example:

* Organising social groups and individual entertainers to provide engagement and entertainment at the service.
* A Christian fellowship group, that offered one-on-one bible readings.
* Volunteer engagement with consumers.

Consumers were satisfied with the meal quality and quantity available at the service. Hospitality staff demonstrated knowledge of individual dietary requirements, which aligned with information contained in consumer care plans and dietary assessments.

Equipment was observed to be safe, clean, well-maintained and suitable for consumer needs. The maintenance and repairs schedules demonstrated regular servicing of equipment relevant to daily living services and supports.

## 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff at the service.
* Review of the maintenance log
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers advised the service environment felt like home, and that it was welcoming, easy to understand and navigate, safe and comfortable. Observations showed that the service environment optimised consumers’ interaction and functioning within the service, through dementia-enabling principles of design.

The Assessment Team observed that cleaning staff maintained the service environment in a clean and safe manner, in accordance with the site’s cleaning roster. Cleaning staff maintained the service environment in accordance with infection control processes and enhanced cleaning requirements in relation to COVID-19. Consumers, including those requiring mobility aids, moved freely around the service environment and pathways were clear of trip hazards and well maintained. Maintenance staff explained they had processes in place to ensure the service environment was safe and well maintained, such as organising preventative maintenance tasks and checks. Review of the service’s maintenance logbook confirmed that regular maintenance occurred, and any issues reported by staff and consumers, including urgent repairs, were resolved in a prompt manner.

Consumers and representatives considered furniture, fittings and equipment at the service was safe, clean, well maintained and suitable for consumers. Management advised that they monitored the safety and cleanliness of the service environment through daily inspections, feedback and maintenance forms.

## 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of care planning documentation.
* The service’s policies, procedures and guidance materials.
* Observations during the site audit.
* Review of the service’s feedback and complaints register.

Consumers felt safe and supported to provide feedback and complaints, and reported they were engaged in the feedback and complaints resolution process. Staff explained how they supported consumers and representatives to lodge feedback and complaints through feedback forms, verbal feedback, resident meetings and surveys. Overall, consumers and representatives were aware of internal and external complaints resolution pathways.

Staff supported consumers with diverse needs to lodge feedback and complaints through interpreter services, non-verbal cues and communication, and advocacy and complaints information was available in other languages. The Assessment Team observed posters relating to advocacy services, and information about complaints resolution pathways under the Department of Human Services and the Aged Care Quality and Safety Commission throughout the service environment. The service provided guidance to staff regarding the feedback and complaints process and application of open disclosure through staff training, policies and procedures.

The service recorded all feedback and complaints in an electronic incident and complaints reporting system, to ensure complaints and feedback were addressed in a timely manner. Consumers and representatives reported satisfaction with how the service environment responded to, and addressed complaints.

Staff explained what open disclosure meant to them, and provided examples of how they would address feedback and complaints in practice. The service demonstrated that feedback and complaints were addressed, and used to improve the quality of care and services, as validated against consumer and staff interviews, and review of the complaints reporting system.

## 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters and training records.
* The service’s policies and procedures.
* Observations during the site audit.

Sampled consumers considered they received care and services from staff who were knowledgeable, capable and caring. A review of staff rosters, allocation sheets and shift vacancies showed there were adequate staff available for all shifts, with appropriate qualifications and knowledge. Staff advised that if they were any vacant shifts, they would be backfilled by Department of Human Services staff.

Staff interacted with consumers in a kind, caring and respectful manner and could explain consumers’ life stories, inclusive of their identity, culture and diversity. The service had policies and procedures which guided staff practice and outlined how to deliver care and services in a person-centred manner. Staff reported they were confident the service’s training program equipped them with the knowledge to perform their role and to provide care and services for consumers in a safe and effective manner. The Assessment Team observed up-to-date Australian Health Practitioner Regulation Agency (AHPRA) registration for all registered nurses. Review of audits and performance appraisals demonstrated that the service identified gaps in knowledge and provided additional training and guidance as required.

Overall, consumers and representatives considered that staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management described how performance appraisals were conducted, with professional development opportunities provided as a part of the process.

## 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements have been assessed as Compliant, informed by the evidence from the Assessment Team, such as:

* Interviews with a sample proportion of consumers and their representatives at the service.
* Interviews with staff and management at the service.
* Review of staff rosters, training records and performance reviews.
* The service’s policies and procedures, for example the service’s clinical governance framework.
* Review of the service’s customer satisfaction survey.
* Review of meeting minutes.
* Observations during the site audit.

Sampled consumers and their representatives reported the service was well run, and their input was used to improve care and service delivery. The service demonstrated that it communicated with consumers and representatives in a timely manner to inform them about any changes to, or review of, care and services. Consumers and representatives considered their feedback about improvements to care and service delivery was acknowledged and addressed.

Consumers and representatives provided feedback about the evaluation of care and services through quarterly resident meetings, semi-annual surveys and through direct feedback to staff. The organisation’s governing body demonstrated it promoted a culture of safe, inclusive and quality care and services, and was accountable for its delivery.

Based on the evidence collated by the Assessment Team, the service demonstrated that its governance system ensured:

* Information could easily be shared and accessed regarding consumer care and staff communication.
* Continuous improvement opportunities were identified and addressed from various avenues, including feedback from consumers, representatives and staff, data and incident trend analysis, resident and staff meetings and service observations.
* Financial accountability: all expenditure was recorded and sent for approval by the financial committee and subject to audits from the Department of Human Services.
* Workforce governance: clear assignment of workforce responsibilities, established processes for hiring and managing staff with the appropriate knowledge and qualifications.
* Risk was appropriately considered and reviewed, and in line with regulatory compliance under the Quality Standards, the Aged Care Act and other applicable state and federal legislation.
  + The service demonstrated that it was compliant with the Serious Incident Response Scheme and restrictive practice, as validated through review of incident reports and other documentation.
* The COVID-19 response was informed by up to date knowledge of COVID-19 risks.
* Feedback and complaints system: consumers were supported to lodge feedback and complaints that were resolved in a timely and appropriate manner.
* The response to feedback, suggestions and complaints were incorporated into initiatives for continuous improvement.

The service demonstrated its risk management systems accounted for the management of high impact risks associated with care, identified and responded to abuse and neglect, and managed and prevented incidents. Review of the service’s clinical governance framework confirmed that appropriate processes and risk mitigation strategies were in place for antimicrobial stewardship and infection control. The service demonstrated regulatory compliance with restrictive practices, the minimisation of restraint. Staff were able to explain in a practical way what antimicrobial stewardship, the minimisation of restraint and open disclosure meant to them, and how it applied to their role.

## 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.