Eldercare The Lodge

Performance Report

14-20 King William Road
WAYVILLE SA 5034
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**Commission ID:** 6184

**Provider name:** Eldercare Inc

**Site Audit date:** 10 November 2021 to 12 November 2021

**Date of Performance Report:** 24 December 2021

# Performance report prepared by

Janine Renna, 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** | **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; 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 did not respond to the Site Audit report.

# STANDARD 1 NON-COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

This Quality Standard is assessed as non-compliant as one of the six specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(d). The Assessment Team was not satisfied the service demonstrated each consumer is supported to take risks to enable them to live the best life they can, as risks were not identified, and mitigation strategies were not implemented for four consumers who leave the service independently. I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service non-compliant with Requirement (3)(d). I have provided reasons for my finding under the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found consumers considered they are treated with dignity and respect, with their identity, culture and diversity valued. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained by staff, how care and services they receive are culturally safe, and how they are supported to exercise choice and maintain relationships. Consumers considered they are provided with an appropriate level of information to make decisions about the care and services they receive.

Staff spoke about consumers in a manner that demonstrated respect and described their life history, current circumstances, preferences and cultural needs, and provided examples of how they are considered to inform the delivery of care and services. Staff explained how they maintain consumers’ privacy and support consumers to maintain independence and exercise choice. Staff were observed interacting with consumers in a respectful manner.

Sampled care plans documented consumers’ preferences, interests, cultural needs and important personal connections, and provided strategies for staff to support some consumers in exercising choice and maintaining independence.

Based on this evidence, I find the service to be compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

## 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 was not satisfied the service demonstrated each consumer is supported to take risks to enable them to live the best life they can, as risks for four consumers who leave the service independently were not identified and assessed, and risk mitigation strategies were not implemented. The Assessment Team provided the following evidence relevant to my finding:

* The service has a Resident Choice and Risk Management procedure to guide staff in relation to consumers’ choices that may have an element of risk. This procedure requires staff to communicate with the consumer and relevant specialists to ensure the consumer is well informed, understands the risk and is supported, wherever possible, to undertake their activity of choice whilst reducing potential risk. This conversation is required to be recorded in a Risky Activity Assessment.
* Documentation demonstrates the service’s Resident Choice and Risk Management procedure was not followed for four consumers who leave the service independently.
	+ Care planning documentation demonstrates all four consumers have been assessed as medium falls risks and three of four consumers have additional medical conditions, such as cognitive impairment, short term memory loss and confusion. Care planning documentation also demonstrates one consumer is prescribed anticoagulant medication, two require staff assistance for mobility and one leaves using their motorised scooter.
	+ Management were unable to provide evidence they had identified and planned for the potential risk to any of the four consumers whilst leaving independently.
	+ The four respective consumers provided the following feedback during interviews with the Assessment Team:

Two consumers reported they sometimes forget to sign in and out at reception.

One consumer said they feel it is dangerous and would like to have someone with them.

One consumer reported they had not discussed associated risks with staff.

One consumer confirmed they notify staff when leaving and ensure they bring their phone.

One consumer reported they are taking their own actions to ensure their safety.

* Management reported the Risky Activity Assessment is based on individual need and not designed to be used as a blanket rule. Management reported consumers’ wishing to leave independently would only need a Risky Activity Assessment if they are a high falls risk, have severe cognitive impairment or clinical deterioration, or if a family member has raised concerns.

The provider did not submit a response to the findings and evidence documented in the Assessment Team’s report.

In coming to my finding, I have relied upon documentary evidence and interviews with consumers, which demonstrate at the time of the Site Audit, the service did not ensure each consumer is supported to take risks to enable them to live the best life they can. I have considered that while the service did not prevent consumers from taking risks, four consumers were not supported to do so safely. Specifically, risk management and prevention strategies were not implemented for four consumers that leave independently, despite each of them being assessed as a medium falls risk, with some having other medical conditions that may increase their risk of harm.

Based on the evidence summarised above, I find the service non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

### 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 COMPLIANTOngoing 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.

Consumers confirmed they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they are involved in processes to develop a safe, effective and personalised care plan, they are informed about the outcomes of assessment and planning, and care plans are updated when consumers’ needs and preferences change.

Staff described assessment and planning processes and considered information available was adequate to guide their provision of care and services. Staff demonstrated an understanding of sampled consumers’ current needs, goals and preferences.

Documentation showed assessment and planning considers consumers’ goals, needs, goals and preferences, advance care and end of life planning, risks to consumers’ health and well-being, and risk mitigation strategies. Care plans and progress notes were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.

Most consumers and representatives consider consumers receive personal and clinical care that is safe and right for them. Consumers and representatives confirmed consumers have access to appropriate clinical and other specialists to manage their complex health needs and considered consumers’ needs and preferences are effectively communicated between staff.

Staff described how changes in care and services are communicated within the organisation and with others for which responsibility is shared. Staff demonstrated an understanding of standard and transmission based precautions for infection.

Care plans were individualised and reflected consumer needs and preferences, with care file documents updated regularly and inclusive of appropriate information for the effective transfer of information to others where responsibility for care is shared. Care plans demonstrated effective risk management and best practice care is applied, with timely and appropriate referrals made to relevant individuals, organisations and providers of other care and services where necessary. Care planning documentation showed care provided to consumers nearing end of life is in line with their goals and preferences, with their comfort maximised and dignity preserved.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices 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.

Consumers and representatives consider the service supports consumers to do the things they want to do, and which are important for their health and well-being. For example:

* three consumers provided examples of the support they receive to enable them to do the things they want to do.
* four consumers provided examples of how staff support their emotional, spiritual and psychological well-being.
* five consumers provided examples of how they are supported to maintain social and personal relationships, do things of interest to them and participate outside the organisation’s service environment.
* consumers considered their condition, needs and preferences were known by staff and one representative confirmed they are informed about changes to their loved one’s condition.
* four of six consumers had positive feedback about the food and considered they are of suitable quality and variety.
* consumers and representatives confirmed equipment used to manage consumers’ safety and comfort is clean and well maintained.

Staff provided examples of strategies used to promote consumers’ emotional, spiritual and psychological well‑being, how services are tailored to consumers’ individual needs and how consumers are supported to engage in activities.

The following observations were made:

* on each day of the Site Audit, consumers were participating in a range of activities and visitors were in attendance engaging with consumers in communal spaces;
* staff were assisting consumers with meals in a respectful manner and ensuring other consumers were supported as needed;
* the kitchen appeared clean and tidy, with staff practicing general food safety protocols; and
* equipment appeared clean and well-maintained.

Care plans were found to document information about consumers’ emotional and spiritual well-being, in addition to their needs and preferences, history, hobbies, interests and dietary requirements. Consumer files showed appropriate referrals to individuals, organisations and providers of other care and services for the provision of lifestyle support.

Lifestyle documentation showed group activities are diverse and individualised activity options are available.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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.

Consumers feel they belong in the service and feel safe and comfortable in the environment. Consumers and representatives reported the environment feels welcoming, is clean and well‑maintained, and they are free to use external communal areas. Consumers and representatives also confirmed the furniture and equipment they use is clean, well-maintained and suitable for consumers.

Staff provided examples of how they make consumers feel welcome and at home and demonstrated how they ensure the service environment and equipment is safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be welcoming, clean and inclusive of communal areas to enable interaction. The environment enabled free movement both indoors and outdoors, which were observed to be well used and tidy. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel supported to provide feedback and complaints about consumers’ care and services and are comfortable doing so;
* they are aware of advocacy services and how to engage them if required; and
* their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.

Staff described the range of feedback mechanisms and described how they assist consumers in making a complaint and providing feedback, including those with language barriers or cognitive impairment. Staff described open disclosure principles and provided examples of improvements that have been made in response to complaints and feedback made by consumers.

Information relating to internal and external complaints processes, open disclosure, advocacy services and the Charter of Aged Care Rights was observed in communal areas.

Information in relation to complaints is documented in a log, which demonstrated all complaints are addressed in a timely manner. While no trends or continuous improvement initiatives were identified in the monthly Quality Monitoring reports sampled, management was able to provide an example of where this had occurred.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman 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.

Overall, consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. For example:

* All consumers interviewed stated staff are kind, respectful, caring and professional when providing care and attending to consumers’ needs.
* Two of four consumers reported staff know how to deliver care and services according to consumers’ individual preferences and are well trained and competent to perform their roles.
* All consumers reported staff are consistently changing and as a result, consumers’ needs are not always understood.

Management reported they are experiencing rostering issues which are being prioritised as a high risk. A workforce plan is in place and includes strategies to maintain a consistency of staff numbers and regular allocated work schedules to assist with providing a continuum of care for consumers.

Staff reported they have been provided training in a number of areas, can access a variety of courses relevant to their role when needed and are required to participate in probationary and annual performance reviews.

Interviews with management, and documentation showed competencies and training are monitored and performance management processes have been used in response to an observation of incorrect process.

Staff were observed to be kind, patient, caring and appropriate in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## 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 COMPLIANTOrganisational 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.

Consumers consider the organisation is well run, with the governing body having a presence within the service and their community.

Documentation showed consumers have input about their experience and are engaged in the development, delivery and evaluation of care and services via multiple channels. Additionally, the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing data in relation to incidents, consumer feedback and compliance with the Quality Standards.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high-impact or high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The organisation’s clinical governance frameworks guide clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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.

Standard 1 Requirement (3)(d)

* Ensure staff have the skills and knowledge to identify, monitor and manage risks to consumers’ health, well-being and safety.
* Ensure policies, procedures and guidelines are effective in identifying risks and implementing mitigation strategies to support consumers to take risks safely.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to supporting consumers to take risks.