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Performance Report

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**Commission ID:** 8787

**Provider name:** Respect Group Limited

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

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

# Performance report prepared by

S Byers, 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; 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.

# 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

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

Overall consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives were satisfied consumers are treated with dignity and respect. Feedback included that staff always treat the consumers well and are respectful and kind.
* Consumers were satisfied with the way staff value their culture and diversity and confirmed feeling safe.
* Consumers and representative feedback demonstrated consumers feel supported to exercise choice, maintain independence, make connections and maintain relationships.
* Consumers and representatives confirmed they receive support from the service to pursue activities that may have an element of risk.
* Consumers said they receive information about activities held in the service on a regular basis and referred to the activity calendar and minutes of consumer meetings.
* Consumers and representatives were satisfied the service respects consumers’ privacy, including consumers’ personal information and private space. This was supported by document review and staff feedback.

Staff described how they deliver consumers’ care and services with consideration of their cultural backgrounds and demonstrated understanding of consumers cultural identity. Staff provided examples of how they support and encourage consumers to make decisions and maintain relationships of choice. Staff demonstrated an understanding of individual consumer risks. Care plans and documentation aligned with consumer and staff feedback.

The service operates a range of communication methods including newsletters, meetings and personal consultation.

The Assessment Team observed staff assisting and communicating with consumers in a dignified and respectful manner. The Assessment Team noted daily activity boards and daily menu choices clearly displayed throughout the service.

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

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

Overall consumers considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and their representatives were satisfied with their involvement in the assessment and care planning process, including initial assessment, ongoing review of plans and advanced care planning. Representatives confirmed care plans are discussed every three months.
* Most representatives said they had been offered and had viewed their consumer’s care plan. Consumers confirmed staff consult them about their needs and preferences.

Staff demonstrated an understanding of the assessment and planning processes providing examples to support their knowledge of individual consumer risks Staff demonstrated an understanding of consumers’ needs and preferences, including when circumstances change or incidents occur which was consistent with the care planning documentation.

Assessment and care planning documentation included consideration of individualised risks to consumers’ health and well-being that informs the delivery of safe and effective care and services. Consumers’ changing needs and individual preferences are included in care planning documentation.

Care planning documentation demonstrated input from others, such as medical officers, allied health professionals and other professionals who are involved in the assessment, planning and review of consumers’ care and services. Consumer file reviews demonstrated family consultations occur.

The service completes advance care directives with consumers which identify their specific preferences for end of life care.

The service demonstrated that comprehensive assessments are completed and that care plans identify areas of risk along with mitigating strategies.

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

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

Overall consumers considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives were satisfied that the personal and clinical care delivered is safe and right for each individual consumer.
* Consumers and representatives confirmed that access to medical officers and other health professionals occurs and contributes to clinical care.
* Consumers and representatives expressed satisfaction the service acts upon deterioration or changes of a consumer’s health and responds in a timely manner.
* Consumers and representatives said they are always notified when incidents occur, or if there are any care changes.

Clinical and care staff have access to up to date information about consumers’ needs and preferences and the service provides information to other organisations where care is shared. Clinical and care staff described how they recognise and respond to changes in the health needs of consumers.

Consumer documentation reflected current individualised care that is safe, effective and tailored to the specific needs of the consumer. Wounds are attended as per wound management regime and pain is managed in line with care plans.

High prevalence risks for consumers are assessed and appropriate strategies to address risks are identified. Care staff are aware of consumer risks and implement individualised strategies to reduce the risks.

The service demonstrated it has a process in place to ensure that any change to a consumers’ condition is identified, assessed and appropriate actions are taken in response to the change.

The service demonstrated an understanding of end of life needs of consumers. Staff described the palliative care pathway and resources available to them to support consumers nearing the end of life.

The service identifies and monitors the use of restrictive practices and consumers are effectively assessed, monitored and reviewed according to legislative requirements.

The service demonstrate there is a referral system in place to a variety of allied health professionals and the outcomes of referrals inform care and services provided to consumers. Staff are aware of the referral process and of services available.

The service has in place effective strategies and infection control practices to reduce the risk of transmission of infections. The service provides infection control education to staff and has policies on infection control, outbreak management and antimicrobial stewardship. Appropriate strategies to minimise infections and strategies to promote appropriate antibiotic prescription are used and staff demonstrated an understanding of how these strategies are applied.

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 supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Overall consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers said they are provided with care which meets their goals and supports their independence. Consumers said they can participate within and outside the service environment and are able to do things that are of interest to them.
* Consumers said they can maintain relationships that are important to them with family and friends, and they are supported by the service to do this.
* Consumers were satisfied with the quality of food and the choices offered at the service. All consumers said that they get enough food and can always ask staff for extra if they would like more.
* Consumers and representatives provided positive feedback about the lifestyle program. The program offers a range of activities and services to support consumers social, physical, emotional and spiritual well-being.

Staff described consumer’s interests and important relationships with people within and outside the service. Staff provided examples of how they provide well-being support for consumers. Staff said consumers and representatives are advised about changes in the consumers’ condition. This was supported by consumer and representative feedback and documentation review.

Care planning documents were individualised and included information regarding what is important to consumers, their life stories, needs, goals and preferences, interests, behaviours and religious information. Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care. Care planning documents reflected timely and appropriate referrals. Consumer feedback and staff interviews aligned with care planning documents.

The service provides opportunities for consumers to have input into the menu. The menu is planned in consideration of consumer feedback, dietary needs and preferences.

The activities calendar was observed displayed on noticeboards throughout the service and in consumers’ rooms. The Assessment Team observed a range of equipment used by clinical and lifestyle staff that was clean, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall consumers considered they feel they belong in the service and are safe and comfortable in the service environment. For example:

* Consumers and representatives provided positive feedback about the service environment and stated their rooms, bathrooms, and the service is clean and well maintained.
* Consumers and representatives confirmed they feel safe, comfortable and at home at the service. All consumers and representative were satisfied that maintenance is attended to promptly.

Staff described how requests for maintenance are submitted and actioned. Management provided records that demonstrated both preventative and reactive maintenance was scheduled, completed and monitored.

The Assessment Team observed the service environment to be welcoming, clean and well maintained. The service offered communal areas of different sizes, both inside and outside to optimise consumer engagement and interaction. The Assessment Team observed consumers freely entering and exiting communal outdoor areas. Furniture, fittings and equipment were observed to be safe, clean and well maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Overall consumers and representatives considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives said they are satisfied they can raise issues with staff or make complaints directly to management. Consumers and representatives were satisfied with the range of services available to support their complaint.
* Consumers and representatives described that when they have provided feedback or made complaints they were satisfied the service actions their complaints in a timely manner and are responsive in addressing any issues raised.

Staff demonstrated understanding of the complaints process and how to support consumers to provide feedback and make complaints. Management and staff demonstrated an understanding of open disclosure, providing examples of when open disclosure has been used in practice. Management described how complaints data is reviewed and how action is taken to improve the quality of consumer care and service.

Complaints documentation identified appropriate action is taken by management and data and statistics are prepared for senior management and the Board which is reviewed on a routine basis.

The service has systems and processes to monitor and review complaints and evaluate consumer satisfaction with outcomes. The service has an open disclosure policy to guide staff practice.

The Assessment Team observed written materials about the complaints process including information in a range of languages, displayed at the entrance to the service and throughout the building.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

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

* Consumers and representatives provided positive feedback that staff are kind, caring and respectful. This was supported by observations by the Assessment Team.
* Consumers and representatives were satisfied staff respond to their call bells in a timely manner. This was supported by call bell reports.
* Consumers and representatives confirmed staff were informed and knowledgeable regarding their roles and they conducted their duties with competence.

Staff demonstrated they have the appropriate skills and knowledge to assist them to effectively perform their roles. Staff confirmed they attend annual performance reviews where they discuss and request additional training needs.

Management described how staff recruitment, selection and induction occurs to meet the requirements of their role. Management described and demonstrated processes to assess, monitor and review the performance of staff working at the service.

Roster documentation demonstrated staff shifts are filled including periods of planned and unplanned leave. Documentation demonstrated staff participate in an induction program and are supported through both mandatory and on-going training.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Overall consumers and representatives considered the organisation is well run and they can partner in improving the delivery of care and services.

The service demonstrated how they involve and engage consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services. For example, some consumers and representatives said they regularly attend resident/relative and dining meetings.

Management demonstrated how the governing body promotes accountability for safe, inclusive and quality care and services, and provided examples of how the Board actively drives change in the service. For example, the redevelopment of consumer rooms and the establishment of a pickup and drop off parking area.

The service’s leadership team and Board meet on a regular basis, set clear expectations for the service and consistently review risks from a service and consumer perspective. The service has governance systems to support effective information management, workforce governance, regulatory compliance and clinical care, supported by associated organisation divisions and personnel.

The service demonstrated it has a risk management framework in place to manage high-impact or high-prevalence risks, in particular the management of restrictive practices and consumer clinical care. Management described the services incident management processes, including how incidents are identified, investigated and escalated to senior management and the Board. Staff demonstrated an understanding of high impact and high prevalent risks, responding to abuse and neglect, and supporting consumers to live the best life they can.

The service demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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.