Helping Hand Aged Care - Golden Grove

Performance Report

209 The Golden Way   
Golden Grove SA 5125  
Phone number: 1300 653 600

**Commission ID:** 6172

**Provider name:** Helping Hand Aged Care Inc

**Site Audit date:** 7 January 2020 to 9 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site audit; the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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.

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are respectful, courteous, kind and caring and they feel they are treated with dignity and respect.
* they felt valued and safe and were provided with choices for example, consumers said they do not participate in activities they do not wish to and that when they go to the monthly Resident meeting they are listened to and management take action.
* they are encouraged to do things for themselves, tell staff if they would like to make changes to their care or choices in relation to showering times and meals and staff know what is important to them and makes them happy.
* their privacy is respected as staff do not talk to other consumers about them.

Staff interviews with the Assessment Team could describe how consumers are supported to exercise choice about their care and services in relation to meals, lifestyle activities, accessing external services and bus trips off site. Staff were able to demonstrate what is important to the consumer and the significance of the service’s holistic approach to person-centred care.

The Assessment Team observed staff interactions as kind, caring and respectful and were observed actively engaging with consumers in the Memory Support Unit.

The Assessment Team viewed seven consumer files which showed consumer preferences, specific cultural needs and what was important to them was documented in the consumer’s care plan.

The Assessment Team viewed the service’s ‘Client safety during an activity which involves identified Risk – Management of Care’ procedure which guides staff practices when consumers wish to take risks.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

**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

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:**

1. 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.

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that on admission various assessments were conducted and gave examples on the information gathered which was used to form consumer care plans. They said further assessments were conducted during the first month of their admission to develop a comprehensive care plan which is reviewed every six months or when changes occur
* they were involved and consulted when the consumer entered the service and are regularly consulted about the care and services the consumer is provided.
* were able to provide examples of how the service completes various assessments and how the input is used to form care plans.
* they were aware of the care plan and that they could access it if they wish.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

The Assessment Team viewed seven care plans which indicated consumers’ preferences and goals are identified for each domain. The files viewed contained the consumers’ advance care planning and end of life wishes. Care plans of those consumers reviewed reflected their end of life. Progress notes from the seven consumers’ files confirmed consumers, their representatives and others are all consulted in assessment and planning.

Six clinical and care staff interviewed by the Assessment team were able to describe individual needs of consumers and how they delivered the care and services to the consumer which were safe and met their needs and wishes.

Clinical staff described how they use various assessment and planning processes to inform and develop the consumer’s care plan to deliver safe and effective care, whether they are permanent or respite consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

**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.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

they were satisfied with the personal and clinical care provided to consumers.

* they have access to their Medical officer and other health professionals at the service and were able to describe examples of when staff had engaged other services, for example the Physiotherapist, Podiatrist and Social worker.
* they were satisfied with how the service manages their care, for example, pain management and wound management.

The Assessment Team found the organisation has written guidance materials about best practice care delivery and these are regularly updated through the quality and clinical governance framework. Policies and procedures are reviewed regularly to align with best practice and regulatory legislation. The service has a ‘High Risk Register’ and holds weekly ‘High Risk Resident Review’ meetings. At these meetings, senior managers discuss any incidents or behaviours which may have occurred during the previous week and the outcomes, including the updating of care documentation.

The Assessment Team viewed consumer files which reflected individualised care that is safe, effective and tailored to the individual needs of consumers. Consumer files showed staff are effective in identifying, planning for and delivering personal care and clinical care based on the needs and preferences of consumers. Consumers interviewed who had specialised nursing care needs, such as wound care, diabetes and oxygen therapy said they were satisfied with the services being delivered and felt safe and confident with staff who provide care have the skills to manage their needs.

Staff interviewed by the Assessment Team were able to describe the high impact and high prevalence risks for consumers within the service, for example, diabetes management, falls and behaviour management as well as describing how a consumer may decline care and the process they would follow.

Clinical staff interviewed by the Assessment were able to describe clinical care associated with palliative care and other staff were able to describe emotional, spiritual and other supports provided to consumers who are nearing end of life. Staff were also able to describe the support provided to family members during the consumer’s palliative care time.

Assessment team interviewed staff who reported there is a comprehensive infection control framework which they follow. This included infection control incident reporting system, infection control audits, antibiotic usage reports from the pharmacy, food safety audits, hand washing competency and use of personal protective equipment.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

**Requirement 3(3)(b) Compliant**

Effective management of high impact or high prevalence risks associated with the care of each consumer.

**Requirement 3(3)(c) Compliant**

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

**Requirement 3(3)(d) Compliant**

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

**Requirement 3(3)(e) Compliant**

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

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

Minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**STANDARD 4 COMPLIANT   
Services and support for daily living**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 4**

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are able to maintain their connection with the local indoor bowling community by playing in the team when they require additional players.
* they are able to continue visiting the local Tavern and shops, an activity they have undertaken prior to entering the service.
* they are satisfied with the meals provided by the service and provide feedback to management on meals they do not like to eat. This feedback is provided through Resident meetings or the Food Focus Group meetings. Management are responsive to the suggestions and changes have been made to the menu.
* they enjoy attending the activities provided and are supported by lifestyle staff to maintain their independence by going for walks.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give meaningful examples of how information about consumers is collected and shared, and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and independence.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained by staff at the service and external contractors. Food services are monitored and meet legislative requirements. Consumer input into the menu is sought through various established mechanisms.

Documentation reviewed by the Assessment Team showed the lifestyle program is reviewed, new activities are evaluated for effectiveness and information about lifestyle programs is communicated through displayed calendars, newsletters, meetings and noticeboards.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

**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 services 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.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* they feel at home and can personalise their rooms with their own furniture, photographs and other memorabilia from their home. Consumers said visitors are made to feel welcome.
* they are very satisfied with the cleanliness of their rooms and the laundry services provided.
* their rooms are regularly cleaned by staff.

The Assessment Team found the service is a newly constructed building which can accommodate 110 consumers opened on 20 May 2019. The organisation employs a Resident liaison officer, this role provides a tour to prospective consumers and their family members and on the day of entry will assist consumers to settle into their room. Lifestyle staff meet with new consumers daily and invite them to activities if they wish to attend.

The Assessment team found the organisation has flowcharts to guide staff on the preventative maintenance schedule process and the reactive maintenance process. In addition, a job type checklist has been developed to guide staff on the duties to be undertaken under each preventative maintenance task. Staff confirmed that reactive maintenance requests are completed in a timely manner.

The Assessment Team observed the service to be clean, welcoming and well-maintained, and the environment to appear to be safe and comfortable. Consumers in the Memory Support Unit were observed to have access to outdoor areas which have furniture to allow family members to sit with consumers. The outdoor areas have garden beds and are safe to allow consumers to walk around in a secure area. Consumers and visitors were observed using these areas.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**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.

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

* they are comfortable in raising complaints with management or staff and that complaints are generally responded to in a timely manner.
* when they have made suggestions or provided feedback, management have considered their feedback and reviewed the services which are being provided, especially in relation to meals.
* they attend Resident and Food Focus Group meetings and can raise any concerns at these forums. Any complaints raised are followed up directly with them by the appropriate manager.
* When they had made a complaint, management had investigated and had apologised to them.

The Assessment Team found management was able to demonstrate complaints are individually documented on a feedback form. Information from the forms transfers onto the service’s Complaints Register. The Complaints Register documents the nature of the complaint, the actions taken and the outcome. Verbal complaints which are easily resolved are not recorded on the Complaints Register but resolved directly with the consumer. Complaints are trended monthly to identify trends and discussed at the Safety Quality and Risk meetings. Information on high level complaints is provided to the Board.

The Assessment Team found the service actively encourages feedback from consumers, representatives and staff. The service conducts regular consumer meetings at which feedback and complaints are discussed.

Staff interviews by the Assessment Team demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so management can address it. The Resident liaison officer said feedback is provided to her on the admission process when conducting the post-admission survey. Complaints raised through this process are recorded on the service’s Complaints Register.

Senior nursing staff interviewed by the Assessment Team confirmed they have had training on the open disclosure process and have recently used the open disclosure process following a complaint from a consumer and their medical officer regarding diabetes management.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* They were complimentary of the care and services provided by the staff of the service and said that staff are available to support consumers.
* staff generally respond to their call bells in a timely manner and assist them to maintain their independence.
* staff were adequately trained and able to provide the required care and support services.
* the organisation’s staff know what they are doing.

The Assessment Team found the service demonstrated processes ensure the workforce is planned to ensure sufficient numbers and skill mix of staff is appropriate for the delivery of safe, respectful and quality care and services. Management said staff are provided with training and undertake competencies to confirm they have the skills to provide appropriate care to consumers. Staff confirmed they are provided with on-line or face-to-face training.

Staff interviewed by the Assessment Team said they receive regular training and feel competent and supported to perform their roles. Staff said they have enough time to provide care to consumers and are supported to attend education sessions. Education is provided to meet mandatory requirements as well as service needs.

The Assessment team found that staff have training in the ‘Helping Hand Way’ which is a customer service program, and includes training on communication with consumers, offering choices to consumers, and gaining an understanding of the organisation’s values and service ethos.

The Assessment Team observed staff interactions to be kind, caring and respectful.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

**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.

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the service is well run and when they raise issues, management responds quickly and effectively.
* they are satisfied with the management of the service.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.The organisation has a corporate governance framework, vision, mission and value statement, and a strategic plan.

The Assessment Team found the organisation involves consumers in the development, review and evaluation of the services provided and has a Consumer and Carer Reference Group with representation from consumers and family members. Incident information is discussed at corporate meetings and case studies presented to the Board on high level incidents. The governing body promotes a culture of safe and inclusive care, and systems are in place to ensure the organisation is meeting the Quality Standards.

The Assessment Team found the organisation has implemented ‘Turn Up Your Voice’ survey to understand the experiences of consumers and continue to improve the services provided. Improvements and suggestions from the survey have been included on the site’s Plan for Continuous Improvement.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff. Staff said they have access to sufficient information to undertake their role. Information is available through handover, meetings, emails and the service’s electronic care system.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

**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.

**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.