IRT Sarah Claydon

Performance Report

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**Commission ID:** 2706

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 11 January 2022

# Performance report prepared by

E Woodley, 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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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’s response to the Site Audit report received 6 January 2022.

# 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

Consumer and representative feedback was positive in relation to the service meeting consumer’s individual needs and preferences. Staff explained how they provide culturally safe care and services to consumers from diverse backgrounds.

Information provided by consumers confirmed they are supported to take risks to live their best life. Staff discuss risks and benefits with consumers to ensure they have informed choice and are able to live the best life they can. Consumers said they have a say in the care and support that is provided to them, and they are given information which enables them to exercise choice. Staff gave examples of how they support consumers to make day-to-day choices and help with access to information to support consumer needs to live their best life.

Consumers interviewed said their privacy and confidentiality is respected. Staff could give examples of how they maintain the privacy of consumers in the delivery of care and services, and observations made by the Assessment Team were generally consistent with this. The organisation has systems and procedures to support confidentiality and privacy of consumer information.

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.

Most consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed they are consulted in relation to their care needs. Some consumers and representatives interviewed confirmed they have been informed about the outcomes of assessment and planning, and they said they have had the opportunity to make choices regarding advanced care wishes.

For consumers who had recently moved into the service, assessment and care planning documentation reviewed by the Assessment Team showed consideration of risks to their health and well-being to inform safe and effective care. All consumers reviewed had assessment and planning which addressed advance care and end of life preferences. The organisation has assessment and care planning policies and procedures to guide staff practice.

Care plans are accessible to staff but the process for making them readily available to consumers and representatives is only newly established within the service.

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 NON-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 Assessment Team also examined relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that the consumer receives personal care and clinical care that is safe and right for them. This included in relation to personal hygiene, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives interviewed confirmed that they have access to a medical officer or other health professional when they need it.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to consumer needs and preferences. There is a system to identify high impact or high prevalence risks associated with each consumer’s care, however the Assessment Team found these risks are not always effectively managed in relation to specialist clinical care, medication, and responsive behaviours.

Staff demonstrated they have access to relevant clinical information and they share this information with allied and medical health specialists. Care documents reviewed by the Assessment Team demonstrated referrals occur in a timely manner and consumers with changing conditions are recognised and responded to in a timely manner.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-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) Non-compliant

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

The Assessment Team found the service has processes in place to identify high impact and high prevalence risks associated with the care of consumers, however, these risks are not always effectively managed. For one consumer, their fluid restriction directive was not always effectively monitored or adhered to in order to mitigate associate risks. This consumer had not been administered prescribed medication due to the medication not being available from the pharmacy. This had not triggered an incident report or investigation, or discussion with the consumer’s medical officer until it was raised by the Assessment Team. The service’s medication management and incident management systems were not always effective in mitigating risk when consumers refused medication, including Schedule eight (S8) medications. On one day of the Site Audit the Assessment Team observed that issues with staffing and the environment of the secure unit were not effectively mitigated to reduce the risk of responsive behaviours of consumers.

In their response, the approved provider identified that for the consumer on a fluid restriction, staff have been reminded to document the consumer’s fluid balance and the service has increased clinical oversight for this consumer’s fluid restriction. The service has also arranged education for staff on documenting and monitoring fluid balance.

In their response, the approved provider acknowledged the issues regarding medication management identified by the Assessment Team and detailed strategies implemented since the Site Audit to rectify these issues. This includes an independent audit of the service’s medication management, the development of a flow chart regarding the process for medications not administered, the implementation of S8 medication administration competencies, and staff training and management.

Following an internal investigation, the service identified that staff processes were not followed to reduce the impact of the environment to consumers and mitigate the risk of responsive behaviours. The approved provider’s response identifies that since the Site Audit, the service has resolved these issues through workforce management procedures, and reinforcement of maintenance and escalation processes.

At the time of the Site Audit, the service did not demonstrate that the high impact or high prevalence risks associated with the care of each consumer were effectively managed.

I find this requirement is Non-compliant.

### 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 examined the experience of consumers made observations, asked consumers about the things they like to do and how these things are enabled or supported by the service and staff were asked how they supported consumers. The Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team 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 within the service and in the community. Consumers interviewed confirmed they are supported to keep in touch with people who are important to them.

Feedback from consumers interviewed demonstrated meals provided are of a suitable variety, quantity, and quality. Meals are provided in a safe environment and there are feedback mechanisms for consumers to give feedback about the quality of the food.

Emotional and psychological well-being of consumers is assessed and reviewed as needed. The service demonstrated they provide religious or spiritual services for consumers who want them.

Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with consumers and staff, and documentation reviewed. Consumers with varying levels of mobility were observed by the Assessment Team moving freely in the service, with staff providing support as required.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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 Assessment Team also examined relevant documents.

Most consumers interviewed by the Assessment Team considered they feel they belong and feel safe and comfortable in the service environment. Consumers and representatives interviewed said they were happy with the cleanliness, tidiness, and maintenance of the living environment. Consumers said that a new cleaning team had recently started at the service and seemed to be doing a good job.

Consumers said they feel safe when staff use equipment to assist them with their care. Consumers and representatives said visitors felt welcome when visiting the service, and family members were supported in keeping in touch and up to date with their consumers including return to face-to-face visits when possible.

Furniture, fittings, and equipment were observed by the Assessment Team to be clean, well maintained, and suitable for the consumers. Staff said when there are issues with the equipment there is a process to report the problem via a central maintenance system, and this system works effectively to repair and maintain equipment and the service environment.

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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives interviewed by the Assessment Team said they are encouraged to provide feedback and are supported to make complaints. Staff interviewed spoke of encouraging and supporting consumers to make complaints and suggestions, and documents reviewed by the Assessment Team confirmed this occurs.

Most consumers and representatives said their complaints had been satisfactorily addressed, and staff interviewed understood their responsibilities in the open disclosure process. Management were able to demonstrate that complaints had been adequately addressed and an open disclosure process was consistently applied.

Consumers and representatives interviewed were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed by the Assessment Team throughout the service.

Review of the service’s feedback system showed feedback is consistently recorded, monitored, and reviewed to drive continuous improvement. However, a few consumers and representatives advised there had not been improvements to the meals at the service as a result of their complaints.

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.

Most consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers interviewed confirmed that staff are always kind and caring. However, some consumers felt that at times there are not enough staff to meet their needs.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Most staff interviewed confirmed that they are able to complete their allocated tasks each day.

The service demonstrated that the members of the workforce were competent and had a sound knowledge to effectively perform their roles. The service demonstrated effective systems in place to ensure the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service demonstrated systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce. There is a performance feedback review conducted annually or when identified as staff requiring a review of their performance.

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.*

Most consumers interviewed by the Assessment Team provided positive feedback regarding the staff at the service, however some identified that staff are very busy and do not always meet their needs in a timely manner. At the time of the Site Audit, the service identified issues accessing skilled staff due to several factors. To mitigate these issues, the service had decreased the maximum number of consumers living at the service. The Assessment Team found the service had processes in place to manage unfilled shifts including staff from other services within the organisation, access to agency staff, and extending shifts.

In their response, the approved provider demonstrated workforce planning was in place at the time of the Site Audit to ensure the number and mix of the workforce enabled the delivery of safe and quality care and services. This included initiatives to increase recruitment and improve retention, and risk assessments to identify sufficient consumer and staffing levels. The approved provider identified that new staff were being onboarded at the time of the Site Audit and commenced work in January 2022.

While the Assessment Team and the service identified some challenges in securing sufficient and skilled staff, at the time of the Site Audit the service had processes in place to ensure this did not impact on the overall delivery and management of safe and quality care and services.

I find this requirement is Compliant.

### 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 interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, and attending food, lifestyle, and consumer meetings.

Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The service is part of the organisation wide-governance structure and framework. The executive management team were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards. The service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures, and expectations regarding the provision of quality clinical care to ensure the safety, health and wellbeing of consumers.

The service has risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can, and staff demonstrated they apply the frameworks in their day-to-day practice.

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

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.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to medication management and fluid restrictions.
* Risks are effectively managed to reduce responsive behaviours of consumers and mitigate associated risks.
* The service has implemented all continuous improvement actions identified in their response.