**Performance Report**

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Infinite Care Mount Lofty, Toowoomba

Performance Report

69 Stuart Street

HARLAXTON QLD 4350

Phone number: 07 4580 4000

**Commission ID:** 5765

**Provider name:** Infinite Aged Care (Toowoomba) Pty Ltd

**Review Audit date:** 28 July 2020 to 1 August 2020

**Date of Performance Report:** 16 September 2020

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 Review Audit; the Review 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 Review Audit report received 25 August 2020.

STANDARD 1

Consumer dignity and choice

COMPLIANT

**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

Overall consumers interviewed by the Assessment Team said they felt respected by staff, their culture and identity valued, and their dignity and personal privacy respected. Consumers reported a range of feedback including that:

* staff understand their needs and preferences and what is important to them
* they are encouraged to do things for themselves
* they can make informed choices about their care and services and live the life they choose
* staff support them to maintain friendships with friends and family members, both inside and outside the service.

Staff interviewed demonstrated they knew consumers well and were familiar with the backgrounds of consumers sampled and were able to describe how this influenced the day-to-day delivery of care and services. Staff described how they support consumers to make informed choices about their care and services and to maintain friendships. Training records demonstrated staff are trained in the organisation’s values and service model relating to treating consumers with dignity and respect and in culturally safe care.

Care planning documents reviewed for the sampled consumers included information about what is important to each consumer and included assessments of their life history, spiritual preferences, family and social networks and significant days and events. Care plans of consumers described risks the consumer wishes to take, how

STANDARD 1

Consumer dignity and choice

COMPLIANT

they were supported to make these decisions and the strategies in place to support them.

The Assessment Team observed staff treating consumers respectfully while providing care and services and when speaking to consumers.

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:**

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

Overall consumers interviewed confirmed they are involved in the initial and ongoing planning of their care, including end of life planning. They said staff involve them in the assessment and planning of their care through conversations, case conferences and care plan reviews. They also confirmed staff had talked to them regarding the consumers end of life wishes and they had provided this information to the service.

Consumers and representatives confirmed they were informed of the outcomes of assessment and care planning, they have access to their care plan, and the service seeks input from Medical officers (MO), other health professionals and family to inform their care and services.

Staff and managers interviewed described the assessment, care planning and review processes, the staff responsible for these processes and how staff involve the consumer and others. Clinical risk assessments are completed for all new consumers and reviewed by the senior clinical team.

The organisation has documented processes to guide staff practice in undertaking assessment, care planning and reassessment processes. Evidence-based assessment tools are available and used by staff.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews and case conferences are completed regularly and with the consumer and other the consumer wishes to be involved. Care planning documents are individualised; detailed consumer’s needs, goals and preferences; contain information relative to the risks to each consumer’s health and wellbeing; and

reflect the involvement of consumers and their representatives and others, including medical officers and allied health professionals as required.

STANDARD 2

COMPLIANT

Ongoing assessment and planning with consumers

The service had implemented a recent improvement; a depression screening tool to assess consumers who may be at risk of depression and self-harm.

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

Personal care and clinical care

COMPLIANT

**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

Overall, consumers and representatives interviewed reported that consumers get the care they need and gave various examples of how staff ensure the care provided to them was right for them. For example, staff regularly ask them about their care and the way it is delivered, and involve them and their representatives in discussions regarding alternative care options available.

Consumers and staff confirmed there are systems in place to ensure the care provided is safe and access to medical or health professionals is facilitated in a timely manner.

Consumers’ care documentation was individualised, reflected assessment and management of key risks and demonstrated the ongoing involvement of the consumer and other health professionals.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps taken to minimise the need for antibiotics.

Consumers’ care and clinical documentation was individualised, reflected assessment and management of key risks and demonstrated the ongoing involvement of the consumer and other health professionals.

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.*

The Assessment Team found that information about consumer’s condition, needs and preference is generally documented, however, identified deficiencies in the communication of relevant consumer information.

The Assessment Team raised concerns that a consumer’s wound care directives were not accurately documented on their care plan and therefore an element of the wound care was not consistently completed. The registered nurse and the consumer’s representative described the service’s process to receive and document weekly updates from the surgical wound clinic about the consumer’s wound management and treatment. The approved provider was able to provide further evidence that clarified the wound care directive, and demonstrated the consumer’s

wound care was documented and completed by staff and the wound was stable/healing.

While a consumer’s representative told the Assessment Team that staff were previously unaware of how to provide personal hygiene care to a consumer, she provided signage to direct staff. Staff interviewed by the Assessment Team and the approved provider’s response acknowledged this was a previous issue which had been addressed and staff now follow the instructions as per the representative’s signage.

I have considered the further evidence provided by the approved provider in relation to communication with consumer’s representatives about pressure injuries, medication and health status. In both cases the further evidence supports the service communicated with representatives.

While the Assessment Team found behavioural incidents were not consistently documented on incident forms, care staff reported they escalate behavioural incidents to the registered nurse and document on behaviour charts. The approved provider’s response provided additional evidence relating to consumers named in the Assessment Team’s report that demonstrated behavioural incidents were documented in progress notes and behaviour charts and communicated to others, both internally and to external health professionals that shared care of the consumer.

Given the further evidence submitted by the approved provider in relation to the issues identified by the Assessment Team, I have decided this requirement is compliant.

### 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

Overall consumers considered that 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 interviewed:

* + confirmed they are supported to undertake a range of lifestyle activities of interest to them within the service and outside in the community
	+ the service supports them to keep in touch with people who are important to them
	+ expressed satisfaction with the meals, noting the food offered by the service was varied and of good quality and quantity, they can request alternative meal options.

The Assessment Team observed a variety of activities being undertaken at the service during the audit, including cooking, group exercises, old-fashioned sweet treats afternoon tea and crafts.

Consumer care plans reviewed demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer.

Staff demonstrated an understanding of what was important to individual consumers regarding their lifestyle and activities preferences, and described strategies used to support consumers.

Menu documentation and interview with hospitality staff demonstrated food options are varied and cater to specific dietary preferences.

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

STANDARD 4 COMPLIANT

Services and supports for daily living

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



STANDARD 5

NON-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

Overall consumers reported they feel the service is a nice place to live and staff are caring and like family.

The Assessment Team observed:

* + consumers’ rooms were decorated with personal items and photographs
	+ the physical environment at the service is clean, well-maintained and consumers can move freely both indoors and outdoors
	+ consumers’ family and visitors utilising the indoor, outdoor communal areas including the service café.

Management described how the service environment is designed to support people living with a cognitive impairment. Staff interviewed confirmed there is adequate equipment to support consumers which is cleaned regularly.

The service has a maintenance schedule, which did not have any outstanding issues relating to equipment.

However, 12 consumers reported the intrusive, disruptive and complex behaviours of some other consumers make them feel unsafe and negatively impacts on their comfort in the service environment.

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

*The service environment:*

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

The Assessment Team found the service is clean, well maintained and consumers are able to move freely both indoors and outdoors, however, 12 consumers interviewed reported the complex behaviours of some consumers was negatively impacting on them. For example, the consumers described:

* + disrupted sleep and not feeling safe due to consumers wandering in communal areas and/or into their rooms uninvited
	+ their comfort was impacted by noise from consumers frequently vocalising loudly and using inappropriate language
	+ not feeling safe as a consumer waved a knife and poked it at other consumers during meal service
	+ four consumers have requested a key to their room to prevent other consumers from entering their room as they do not feel safe.

Many consumers interviewed advised they had raised their concerns including through consumer meetings, with management and through a petition. (Refer to Standard 6, requirement (3)(c) for further information).

The Assessment Team observed some consumers wandering and vocalising loudly and while staff were observed to provide support and intervene, when staff were not available the behaviours continued.

Staff and management interviewed were aware of the consumers impacting on other consumers at the service and described strategies to manage the complex behaviours, however the behaviours were ongoing and continued to negatively impact other consumers.

The approved provider’s response to the Assessment Team’s findings noted strategies, monitoring and the involvement of specialist health professionals were in place to manage identified consumers’ behaviours. The response also identified that

since the Review Audit, one consumer was moved to another area of the service in consultation with the family, another consumer has ceased displaying behaviours at meal time and consumers who reported being negatively impacted were followed up and advised they are now satisfied with actions taken by the service.

While I acknowledge the approved provider had behaviour monitoring and management strategies in place for some of the named consumers and has undertaken actions to address the issues identified under this requirement, at the time of the Review Audit, the complex behaviours of some consumers continued to negatively impact on other consumers at the service. Therefore, this requirement is non-compliant.

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

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



STANDARD 6

Feedback and complaints

NON-COMPLIANT

**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

Overall consumers and their representatives considered they are encouraged and supported to provide feedback and make complaints. Consumers are aware of external complaints agencies and advocacy organisations.

Staff described the service’s internal complaints and feedback mechanisms and confirmed they have supported consumers to raise concerns.

The service demonstrated it uses an open disclosure process when things go wrong and uses feedback and complaints to identify trends and make improvements to quality of care and services.

However, feedback and complaints are not consistently actioned and resolved and feedback provided about the outcome of the complaint.

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

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

The Assessment Team found while the service demonstrated it utilises an open disclosure process when things go wrong and staff could describe the service’s complaints management process, feedback and complaints are not consistently actioned and resolved and feedback provided about the outcome of the complaint. For example:

* + Consumers and their representatives provided consistent feedback that when they raise concerns or complaints, management are not responsive in taking action to resolve complaints and do not provide feedback on the progress or outcome in response to their complaints.
	+ Complaints were raised through a variety of avenues including in consumer meetings, with management, and through petitions.
	+ Management advised the feedback register used to record complaints/feedback and actions was not up-to-date.
	+ The Assessment Team’s review of the complaints register identified a number complaints as ‘closed’, however, the consumers/representatives advised they had not received feedback. Another complaint made in April 2020 remained open and unresolved and the consumer had made a subsequent complaint about the same issue in July 2020 that also remained unresolved.

The approved provider’s response identified actions taken in response to the Assessment Team’s findings, including:

* + Reviewed the complaints register and actioned and closed outstanding complaints.
	+ Discussed with consumers actions taken in response to their concerns about other consumers with intrusive and disruptive behaviours.
	+ Implemented a daily catch up with the clinical management, which includes discussing consumer/representatives concerns.
	+ Improved communication through access to phones and increased communication about COVID-19 updates.

While I acknowledge the approved provider is addressing the deficiencies identified under this requirement, at the time of the Review Audit, the service was not consistently taking appropriate and sustainable action in response to complaints/feedback. Therefore, this requirement is non-compliant.

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

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



STANDARD 7

Human resources

COMPLIANT

**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

Consumers interviewed confirmed staff are well trained, know what they are doing and are competent in their duties. They also confirmed there are sufficient staff to provide them with the care they need and are prompt in responding to requests for assistance.

Most consumers also expressed staff are kind and caring. While three consumers described interactions with some staff as disrespectful or impolite, management was aware of this and was undertaking performance management to address the issues.

Staff interviewed confirmed they have sufficient time to complete their allocated tasks and can respond to consumers’ needs in a timely manner. They described the competency assessments they undertake and their access to a range of education and training. Staff complete mandatory training.

Staff performance is monitored; a number of performance reviews were currently underway or due to be completed.

The Assessment Team observed staff to be completing their daily routines without rushing, were taking time to speak with consumers and one additional staff member was providing one-on-one support to a consumer requiring additional assistance.

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

## Assessment of Standard 7 Requirements

STANDARD 7

Human resources

COMPLIANT

### 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

Organisational governance

COMPLIANT

**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

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

Staff and management described how consumers are engaged in the organisation and provided examples of where consumer feedback and suggestions were used to generate improvements at an organisational and service level.

The service has organisational wide governance systems and a clinical governance framework that supports antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed confirmed they had received training on the clinical governance framework and associated policies and could provide examples of their relevant to their work.

The service has a risk management framework in place and staff interviewed could describe how they practically apply the organisation’s risk management policies.

The organisation’s governing body are accountable for the delivery of care and services and there are systems in place to provide reports to the governing body.

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.*

The Assessment Team found the service has a risk management framework in place. Staff interviewed could describe how they apply the organisation’s policies relating to managing high impact and high prevalence risks, abuse and neglect of consumers and supporting consumers to live the best life they can.

While the Assessment Team identified an isolated incident of physical assault that occurred during the Review Audit had not been reported in a timely manner, this was actioned once brought to the attention of management. The service has a process in place and staff interviewed also described what constituted elder abuse and what they would do to respond to incidents. Further, the service had undertaken and planned staff information and education regarding incidents, reporting and escalation.

While the Assessment Team found some deficiencies in relation to behavioural incident reporting, this has been considered in relation to Standard 3, Requirement (3)(e).

For the reasons detailed above, the service is compliant with this requirement.

### 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.

* + Ensure the service environment is safe and comfortable for consumers, and the complex behaviours of consumers does not negatively impact on other consumers’ safety and comfort at the service.
	+ Ensure appropriate action is taken in response to complaints, and that complaints are resolved and feedback provided about the outcome of the complaint.