Kaloma Home for the Aged

Performance Report

16 Gough Street
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**Commission ID:** 5304

**Provider name:** Kaloma Home for the Aged Limited

**Site Audit date:** 29 June 2021 to 22 July 2021

**Date of Performance Report:** 20 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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.
* Other relevant matter held by the Commission in relation to the service

# 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

Consumers and representatives said consumers were treated with dignity and respect, could maintain their identity and make informed choices about their care and services including risks, to enable them to live the life they choose.

Consumers and representatives said their individual culture and diversity was recognised and valued by staff. They said consumers were encouraged and supported to maintain their independence by continuing to do things for themselves and were encouraged to maintain social connections both inside and outside the service.

Consumers and representatives said consumers care and services were undertaken in a way which ensured consumers’ dignity and personal privacy was respected.

Staff had a shared understanding regarding individual consumers’ preferences and choices and described how consumers were supported to make informed choices about their care and services including through the provision of information. Staff described how consumer’s culture and background influenced the delivery of their care and services. Staff spoke about consumers in a way that was respectful and demonstrated an understanding of the individual consumers’ personal circumstances and life journey.

Staff described practical ways they respected the personal privacy of consumers, and this information aligned with the feedback received from consumers. In addition, staff advised shift handovers were conducted in private areas of the service, hard copy documentation was stored securely and all computers were password protected when not in use. Staff supported consumers who chose to take risks, for example consumers who chose to smoke cigarettes were supported do so in the service’s designated smoking area.

Care planning documentation reflected information regarding the specific cultural, spiritual and religious needs of consumers. Staff engaged in regular discussions with consumers and those they chose to have involved in their care through informal discussions, email correspondence, telephone calls, and case conferences.

The organisation had a suite of documented policies and procedures, including, but not limited to, cultural safety, smoking, consumer choice and decision-making including choices associated with possible risks.

The service’s Diversity Priorities & Action Plan identified the service’s commitments including, leadership and governance, for the promotion of a culture that respected diversity, inclusivity and the cultural safety of consumers.

During the Site Audit, the Assessment Team observed staff implementing practices to ensure that consumer privacy is respected, including knocking on consumers’ doors and waiting for a response prior to entering the room.

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

Consumers said staff understood what was important to them in relation to how their care was delivered and had discussed advance care planning with them. They reported being involved in the assessment and planning of consumers’ care and advised they could access care plan information if this was their preference.

Care documentation reflected assessments and care plans were completed by registered staff and involved consumers, representatives, Medical officers and allied health professionals. Care planning documentation evidenced advance care planning and end of life planning had been completed for consumers who were prepared to have these discussions.

Care documentation reflected when consumers and others responsible for care were involved in assessment and planning processes. Care plans were reviewed every six months in line with the service’s processes and generally updated when changes in consumers’ care needs or preferences were identified.

Staff had a shared understanding of the service’s assessment and care planning processes. Registered nurses confirmed allied health staff were involved in the service’s assessment and planning processes for consumers on entry to the service, when assessed needs were identified and following incidents. Staff accessed care plans via the service’s electronic care system and summary care plans were available in each consumer’s bathroom.

Registered staff had a shared understanding of the service’s reassessment processes which occurred when consumers returned from hospital, following incidents, when changes were identified in the needs or preferences of consumers and every six months in line with the service’s care planning and assessment guidelines.

The organisation had a suite of evidence-based policies and procedures to support staff in the service’s assessment and care planning processes including, but not limited to, advance care planning, end of life care and assessment and care planning. Evidence-based assessment tools were available on the service’s electronic care planning system for staff to utilise when completing assessments and developing care plans.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives confirmed consumers received personal and clinical care that was safe, tailored to their needs and included the effective management of risks to consumers. They reported being included in decisions about their care and could access a Medical officer or other health professionals when required.

Representatives confirmed assessments were completed for consumers with identified risks to their health and well-being and said the service kept them well informed when changes or deterioration in consumers’ clinical conditions were identified.

Care staff had a shared understanding in relation to the individual needs and preferences of consumers and confirmed they received training relevant to their roles. Management advised, staff had received from an external dementia specialist which provided them with a virtual insight into consumers’ experiences. Staff had a shared understanding regarding the high impact or high prevalence risks for consumers including, but not limited to, falls, infections and challenging behaviours.

Registered staff were aware of the service’s clinical deterioration processes. Management advised referrals were completed through the service’s electronic care system for allied health services, dentists, wound care specialist, dementia support services and audiologists. Staff had a shared understanding of strategies used to minimise the use of antibiotics including, but not limited to, hand hygiene practices and personal care, encouraging fluid intake for consumers, pathology screening and ensuring antibiotics prescribed were for a short period of time and reflected a commencement and cease date. Infection related risks were minimised by staff through several ways and education regarding infection control principles, donning and doffing of personal protective equipment, hand hygiene and the management or a potential COVID-19 outbreak had been provided for all staff.

The service had a suite of evidence-based policies and procedures to support staff in the safe and effective delivery of care including, but not limited to, restrictive practices, psychotropic medication, skin integrity and pain management. Care documentation reflected when appropriate assessments, consultations, authorisations, monitoring and evaluations had been completed for consumers who required restrictive practices.

Wound documentation reflected wounds were healing and were managed, monitored and reviewed by Registered nurses appropriately. Care documentation evidenced the implementation of pharmacological and non-pharmacological pain management strategies for consumers were effective in the management of their pain.

Care documentation reflected high impact or high prevalence risks were identified and managed appropriately. Care information evidenced pain management, additional hygiene and oral cares, repositioning and the application of specialised equipment was implemented for consumers who required end of life care. Care documentation included enough information regarding the needs and preferences of consumers which was accessible by staff and other providers of care.

A seven-day hardcopy handover record was stored securely in the nurse’s station for staff to access and refer to, when changes occurred in the clinical needs of consumers. Care documentation reflected the involvement of staff, Medical officers and allied health professionals.

The service reviewed, monitored and collated clinical incident data each month to identify trends. The organisation had policies and procedures in relation to end of life care, clinical deterioration, referrals, infection control and antibiotic management. The service had processes in place to minimise infection-related risks including, but not limited to, a designated Infection Prevention and Control lead and an outbreak management plan to prepare and support staff for a potential infection outbreak.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

Consumers and representatives said they were supported by the service to do things they enjoyed. They said their emotional and spiritual needs were acknowledged and respected by the service. Consumers and representatives confirmed they were supported and encouraged to attend outings with their families and friends. They said they were encouraged to keep in touch with people who were important to them inside and outside the service.

Consumers advised, information regarding their condition, needs and preferences were effectively communicated to staff. Most consumers enjoyed the food and felt comfortable asking for an alternative meal when required.

Care documentation reflected information regarding what was important to consumers and included strategies to ensure consumers were supported to do what they enjoyed doing. Care documentation reflected strategies to ensure consumers’ emotional and spiritual needs were met. Lifestyle documentation evidenced consumers’ participation in activities was monitored and information regarding personal relationships consumers chose to maintain had been recorded.

The service delivered a variety of events which enabled consumers to feel socially connected within the service and in their community. Care documentation reflected referrals to individuals, other organisations and providers of other care and services had occurred. Information regarding the dietary needs and preferences for consumers was generally recorded in care plan information including allergies and texture modified diets.

Staff had a shared understanding of what was important to consumers and how they could support them to do things they were interested in. Staff could access information regarding consumers’ needs and preferences on the service’s electronic care system and were aware of strategies used to support and enhance consumers’ emotional and spiritual well-being.

The Lifestyle coordinator advised most activities were inclusive for all consumers including those with physical or cognitive impairments. Individual support was provided to consumers who may need extra support. Management advised window visits were facilitated by the service when COVID-19 visitor restrictions were imposed and for those representatives who had not received an influenza vaccination.

Staff advised information in relation to the condition, needs and preferences of consumers was communicated to staff through handovers, dietary reports, care documentation, assessments and discussions with consumers. Catering staff had a shared understanding of consumers’ dietary needs and preferences including allergies and texture modified diets. Staff advised each consumer who required the assistance of a mechanical lifting machine was allocated their own sling.

Lifestyle activities were discussed with consumers each month at consumer and representative meetings. Consumers were informed of upcoming activities through the service’s newsletter, discussions with staff and copies of the service’s activities calendar displayed throughout the service and provided directly to consumers.

Menus were changed each season and distributed to consumers at the consumer and representative meetings each month. Equipment used to support the lifestyle needs of consumers was safe, suitable, clean and well maintained. Equipment was monitored and maintained as part of the service’s preventative and reactive maintenance program.

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

Consumers and representatives said the service environment was welcoming and visitors were encouraged to participate in the lifestyle of the service. They said the service was safe, clean and well maintained, they could move freely inside and outside the service. Consumers reported enjoying the gardens and outdoor areas of the service and felt the design of the service promoted their mobility and independence. They said furniture, fittings, and equipment suited their needs and was safe and clean.

Staff supported consumers to individualise their rooms with personal items and furnishings and encouraged representatives and friends to participate in activities at the service. The Maintenance safety officer advised they daily routine maintenance was completed Monday to Friday and reactive and preventative maintenance processes were in place. Staff had a shared understanding of the service’s reporting processes in relation to maintenance requests. Staff confirmed enough equipment was available to support consumers’ activities of daily living.

The service’s maintenance documentation evidenced regular pest control was undertaken at the service and processes were in place to manage any potential rodent plagues. Preventative and reactive maintenance records were accessible in the service’s electronic care system and reviewed by the Maintenance safety officer daily. Preventative maintenance records evidenced equipment was service and maintained in accordance with specifications and manufacturer’s guidelines.

The service was observed to be welcoming, clean and well maintained during the site audit.

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

Consumers and representatives said they understood how to provide feedback, lodge a complaint, and felt comfortable doing so. They were aware of advocacy services and other internal and external complaints mechanisms. Consumers and representatives confirmed when complaints were raised, the service had utilised open disclosure processes when required. They said the service had been transparent with them in relation to feedback and complaints and described how information provided through feedback had contributed to improving the quality of care and services.

Staff had a shared understanding of the service’s feedback processes and how they could support consumers to raise concerns. Management advised, consumers were encouraged to provide feedback through feedback forms, secured feedback boxes, consumer meetings and directly with staff or management. Staff had received training in relation to the service’s complaints processes including the principles of open disclosure.

All complaints and feedback was recorded in the service’s complaints register and evidenced appropriate action had been taken. Posters and brochures regarding external advocacy support agencies were displayed throughout the service. The organisation had policies and procedures to guide staff in complaints management and open disclosure processes. The service’s incident management system evidenced when open disclosure was used following adverse events. Complaints and feedback information was discussed at consumer, staff and Board meetings.

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

Most consumers said staff had enough time to deliver care in line with their needs and preferences. They said staff were kind, caring and gentle in their interactions with them and had the skills needed to effectively perform their roles.

Staff confirmed they had enough time to ensure care was delivered in line with consumers’ individual needs and preferences. Management advised, a Registered nurse was available 24 hours per day seven days per week. The service was trialling an additional Registered nurse float shift in the mornings and afternoons to provide staff with additional support. Staff had a shared understanding of the individual needs and preferences of consumers. Management advised staff competency was monitored through feedback from the Skills support officer, consumers, representatives and other staff. Staff were supported to maintain their qualifications which were monitored by management and administration staff.

Management advised all new staff were required to complete an orientation program which delivered education in relation to the service’s systems and provided new staff with support from the Skills support officer and buddied shifts. Staff confirmed they were required to complete mandatory training including, but not limited to, infection control, fire safety, the Serious Incident Response Scheme, hand hygiene and the donning and doffing of personal protective equipment. Staff confirmed performance review processes were completed annually, during probationary periods and prior to promotions for higher duties.

The organisation had policies and procedures in relation to human resource management processes. While the service did not have a documented performance framework, management could describe performance management processes utilised by the service. The service monitored call bell response times which were discussed at staff meetings. Staff position descriptions and handbook information outlined the services’ expectations of the workforce. The service had processes in place to monitor the qualifications and competencies of staff. A training needs analysis identified key areas for education and staff development.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives were engaged in the development, delivery and evaluation of care and services through assessment, care planning and review processes, feedback and complaints processes and consumer meetings.

Consumers and representatives said the organisation supported their engagement in the development, delivery and evaluation of care and services and management were responsive to their feedback and suggestions. Feedback and suggestions from consumers and representatives were reviewed at each level of the organisation.

The organisation’s governing body has implemented processes to ensure they promote a culture of inclusivity, quality and safe care and services and were accountable for their delivery.

The organisation had effective governance wide systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.

Staff confirmed they could access information when required on the service’s electronic care system. Management advised, the service is planning to replace the existing electronic care system in the next twelve months.

Critical incidents, consumer, representative and staff feedback, clinical incident data, audits, observations and information from the Board were used to initiate continuous improvement activities. The service had recently improved the service’s communication and handover processes. Further to this, management advised, the service plans to replace the current electronic care system in the next 12 months to improve incident and documentation processes. Budgetary changes occurred in consultation with the service’s Finance manager and the Board however, in the event of an emergency, management could authorise to approve necessary purchases.

Management and staff had a shared understanding of the legislative requirements in relation to the use of restrictive practices, the Serious Incident Response Scheme and Incident Management Systems.

The organisation had a documented risk management framework and policies in relation to the management of high impact or high prevalence risks, the identification of and response to the abuse and neglect of consumers, supporting consumers to live the best life they could and the management and prevention of incidents including the use of an Incident Management System. Staff had received education regarding these policies and had a shared understanding of how they were relevant to their roles.

The organisation had developed a documented clinical governance framework which included policies in relation to antimicrobial stewardship, the minimisation of restrictive practices and open disclosure. Staff confirmed these policies had been discussed with them and evidenced a shared understanding of how they were relevant to their roles.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can;*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.;*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.