Klemzig Residential Care Services

Performance Report

2 Leighton Avenue
KLEMZIG SA 5087
Phone number: 08 8266 2233

**Commission ID:** 6957

**Provider name:** Hahndorf Holdings Pty Ltd

**Site Audit date:** 1 September 2020 to 3 September 2020

**Date of Performance Report:** 2 December 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** | **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.

The Approved Provider did not provide a response to the Site Audit report.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

The Assessment Team found that overall sampled consumers interviewed consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Examples provided by consumers include:

* All consumers said that they are treated respectfully by staff, including staff acknowledging their choices.
* All consumers indicated they feel safe and their culture, values and diversity are valued.
* Two consumers said they are supported to engage in activities of their choosing outside and inside of the service.
* Two consumers described strategies used to support to take risks to enable them to live the best life they can.
* Consumers interviewed confirmed they receive information both verbally and in writing.
* All consumers interviewed said their privacy is respected.

Staff interviewed had knowledge of consumers’ cultural backgrounds and religious beliefs and could describe how they support consumers in a respectful manner. Staff indicated they have received cultural safety training and were able to provide specific examples about how they support consumers to make informed choices. Clinical staff interviewed provided an example of a consumer who has been risk assessed and supported to make an informed choice to engage in an activity which enables them to live the best life they can.

The Assessment Team observed staff to be treating consumers in a kind, dignified and respectful manner in all areas of the service, including staff speaking with consumers in their preferred language and using consumers’ preferred names.

The Assessment Team reviewed care planning documents and found the service has identified what is important to consumers, including their goals, background and hobbies. A ‘Key to Me’ document is completed for all consumers which details consumers’ spirituality, beliefs and cultural backgrounds. Risk assessments are used to identify risks associated with consumers’ choices and to identify risk mitigation strategies to support consumers to live the best life they can. The Assessment Team found the service has policies and procedures which guide staff to maintain the privacy and confidentiality of all information relating to consumers at the service.

## 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 COMPLIANTOngoing 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

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

The Assessment Team found that most sampled consumers/representatives interviewed consider they feel like partners in the ongoing assessment and planning of consumers’ care and services. Examples provided by sampled consumers/representatives include:

* Five representatives stated they have had assessment and care planning discussions with staff in relation to their relatives.
* Consumers were able to describe their preferences and needs in relation to care delivery and the Assessment Team found this information was known by staff and reflected in care documentation.
* Consumers and representatives indicated staff explain relevant information about their care and can access consumer care plans.

The Assessment Team interviewed a registered nurse who said assessments are conducted for consumers on entry to the service, during four-monthly care reviews and when consumers’ needs change. Staff interviewed confirmed how consumers and/or representatives are involved in assessment and care planning processes. Care staff interviewed were able to describe how consumers preferred their care delivery and how they approach consumers in relation to discussions regarding end-of-life planning.

The Assessment Team observed staff reading consumers’ care plans, filling out charts and updating information on consumers’ files.

The Assessment Team reviewed sampled consumer care documents which included evidence of comprehensive assessment and care planning documents, including evidence that consumers and/or representatives are involved in assessment and planning processes on entry, at four-monthly reviews and when consumers’ care needs change. The service has guidance material in relation to advance care planning and end-of-life planning for staff and consumers, with these policies and procedures currently under review. Care and service plans are available to consumers and representatives when requested and were mostly in a format that is easily understood. Consumer care plans demonstrated evidence of regular review and when circumstances change, or incidents occur. The service’s care plan review schedule demonstrated all regular care reviews are up-to-date.

## 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 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found that most sampled consumers/representatives consider consumers receive personal and clinical care that is safe and right for them. Examples provided by consumers/representatives include:

* Three consumers said their relatives get the care they need.
* Two consumers interviewed indicated they do not always get the care they need, however, management indicated they are aware of the consumers’ concerns, meeting with one consumer and their representative on a regular basis and provided evidence of the other consumer’s concern being addressed.
* Five representatives stated the service always responds and communicates when a consumer has a deterioration in their condition, health or ability.
* Five consumers indicated they find their needs and preferences are effectively communicated between staff.
* Consumers indicated they are referred to medical officers and other health professionals when required.

The Assessment Team interviewed staff who state they know the clinical and personal care they provide is safe, effective and best practice and meet daily with management to discuss any risks to consumers. Staff were able to describe significant risks associated with consumers’ clinical or personal care and strategies used to manage these risks. Staff were able to describe practical strategies used to ensure consumers’ comfort is maximised during end-of-life care. Nursing staff stated they identify and manage changes or deterioration of consumers through observation, the assessment process and feedback from care staff. Staff stated they read consumer care plans when changes have been made, participate in handover and have regular buzz meetings and toolbox sessions to support consumer care. Clinical staff stated staff always use standard infection control precautions when working with consumers, including hand hygiene and support the appropriate use of antibiotics through administration of antibiotics in accordance with therapeutic guidelines, and use of diagnostic tests.

The Assessment Team found the service has electronic and paper-based materials in relation to best practice for personal and clinical care delivery. The Assessment Team also found:

* The service has a restraint minimisation policy and procedure and consumer files viewed showed discussions with the consumer and/or representative and medical officer in relation to risks associated with restraint, staff monitoring and review restraints.
* The service has a skin and wound management policy and procedure and the Assessment Team found assessments, charts and care plans are completed when changes to consumers’ skin integrity is identified, including wound management plans.
* The service has a pain management policy and procedure and consumer files viewed show pain charting and assessments are conducted on entry, when pain is identified and following pain medication changes.

The Assessment Team found the service effectively manages high-impact and high-prevalence risks associated with the care of each consumer through validated risk assessment tools. The Assessment Team reviewed consumers’ documentation which showed effective management of risks associated with choking, restraint, medication, hearing loss, and behaviours, with daily handover sheets identifying at risk consumers. Care plans reflect most consumers’ end of life needs and wishes and if consumers do not yet wish to discuss these matters it is noted in their file. Management conduct a daily review of all progress notes and review all incidents, near misses and critical incidents. Seven-day handover sheets are used to communicate consumer information and other communication methods are used to share consumer information with hospitals, health professionals and other care services. Care planning documents show referrals are made to relevant health professionals where required. The service has documented procedures relating to infection control and practices to reduce the risk of resistance to antibiotics.

### 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 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found that most consumers sampled consider they get the services and supports for daily living that are important for their health and well-being and that enable them to the things they want to do. Examples provided by sampled consumers include:

* Consumers sampled confirmed the service’s lifestyle program supports their lifestyle needs and staff assist them to maintain independence.
* Consumers indicated they feel supported to maintain their emotional, spiritual and psychological wellbeing.
* Consumers interviewed indicated they are supported to have and maintain social and personal relationships.
* Overall consumers said they were satisfied with the meals provided, including the quality and quantity.

The Assessment Team interviewed staff who confirmed consumers are supported to maintain independence and engage in activities of their choosing, including identifying consumers with specific emotional, psychological and spiritual needs and preferences. Staff stated they encourage consumers to attend activities, but it is consumer choice in relation to attending. Staff are aware of consumers’ dietary needs and described process to take consumers’ daily meal orders. Staff confirmed they have sufficient equipment to support consumers and said there is regular and as required maintenance of equipment.

The Assessment Team observed consumers maintaining their independence and consumers actively engaging with activities in the dining room. Staff were observed to be engaging with consumers and enquiring as to their well-being. The Assessment Team also observed consumers and visitors spending time together in various parts of the service. The kitchen area was observed to be clean and tidy and documentation supports the area is being regularly monitored. Equipment used by consumers was observed to be clean and fit for purpose.

The Assessment Team found five consumer care plans were based on assessed needs and included strategies to support consumer needs and preferences and included information about goals and what is important to consumers. Care plans include information about consumers’ emotional, spiritual and psychological needs and preferences, including identifying people important to consumers. Meeting minutes demonstrate consumers have input into the activities calendar and these meetings, surveys, feedback and care plan reviews monitor consumer satisfaction with the lifestyle program. Care planning documentation identifies consumers’ current interests and referrals to other individuals or organisations. The Assessment Team reviewed the summer and winter menu, which showed there is a four-weekly rotating menu, with a dietitian reviewing the suitability of the menus.

## 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 COMPLIANTOrganisation’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

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

The Assessment Team found that overall consumer and representatives interviewed consider consumers feel they belong in the service and feel safe and comfortable. Examples provided by sampled consumers/representatives include:

* Consumers and representatives confirmed they feel at home and the service is nice to live in, with one consumer stating, “it is nice and warm”.
* Consumers and representatives confirmed the environment is safe, clean and well-maintained, with access to outdoor spaces.
* Consumers are satisfied with the equipment provided to them and said allied health professionals check that equipment is tailored to their individual needs.

The Assessment Team observed the service environment to be welcoming and easy to understand, with the outside of individual consumer rooms personalised. Consumers have access to indoor and outdoor living spaces and observed these environments to be safe, clean, comfortable and well-maintained. The Assessment Team observed furnishings and fittings to be clean and well-maintained.

Staff interviewed described processes used to orientate consumers and representatives on entry to the service. Management described how consumers living with dementia are supported to access internal and external living areas safely. Staff were able to describe cleaning and maintenance processes, including preventative and reactive maintenance processes used to ensure furniture, fittings and equipment are safe.

The Assessment Team reviewed several documents which support regular monitoring of the service environment, including seeking consumer feedback about their satisfaction with the service environment. Documents also support that there is regular maintenance of equipment and cleaning of the service environment.

## 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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found overall consumers consider they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken. Examples by consumers and representatives sampled include:

* Consumers and representatives confirmed the felt comfortable and safe to provide feedback and have access to provide feedback through several mechanisms such as resident forums, food focus groups or speaking directly with management.
* Consumers and representatives interviewed confirmed the feedback provided is used to improve the quality of the care and services. Two consumers confirmed their feedback in relation to food and activities were actioned following their feedback.

Staff and management were able to describe different mechanisms available to consumers and representatives to provide feedback, including how they encourage and support consumers and representatives. This included strategies to support consumers from a non-English speaking background. Management were able to describe individual cases of addressing and resolving complaints as logged on the feedback register.

The Assessment Team observed advocacy and complaints information displayed throughout the service.

The Assessment Team found the service has policies and procedures to manage feedback and complaints. The feedback register demonstrated actions are taken in response to feedback and complaints, the register identifies the source of feedback, the actions taken and whether the feedback is opened or closed.

## 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that overall most consumers and representatives sampled consider they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Examples provided by sampled consumers/representatives include:

* Consumers and representatives said there are sufficient numbers of staff who are adequately trained and are kind and caring.
* Consumers and representatives indicated staff know how to deliver care and services in accordance with consumers’ preferences.

The Assessment Team observed consumers interacting with consumers in a calm, caring and positive manner, without rushing consumers.

Management described processes used to allocate set shifts for staff based on skill mix and experience. The service has processes to validate staff qualifications and performance processes support staff competence in their roles, including mandating training for all staff. Management also indicated they used feedback from performance reviews to identify additional training requirements for staff. Staff interviewed confirmed they have an annual appraisal.

The Assessment Team reviewed documentation which indicates monitoring of call bell response times, including follow-up action for call bells with excessive response times. Staff rosters demonstrate a registered nurse is always on site and vacant shift are filled through extending shift or using the casual pool. Documentation demonstrates all staff have completed mandatory training sessions and that ‘buzz’ training records showed the service provides training in relation to a range of topics. The management team were able to demonstrate completion of annual performance appraisals and actions taken to incidents involving staff practice.

## 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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall consumers and representatives consider the organisation is well run and they can partner in improving the delivery of care and services. Examples provided by sampled consumers/representatives include:

* Consumers and representatives confirmed the service is well run and provided examples of staff knowing what they are doing and staff being aware of their preferences.

Staff interviewed confirmed they have access to information they need to perform their roles. Management confirmed there are processes to monitor budget or expenditure to ensure consumers changing needs are met. Management were able to demonstrate compliance with two relevant legislative requirements for the service. Staff interviewed are aware of risk management practices and how they relate to their work.

Management demonstrated that consumers are engaged in the development, delivery and evaluation of care and services through several mechanisms and provided examples of changes made through consumer engagement. The service has two resident representatives who advocate on behalf of consumers and participate in the recruitment of staff. The organisation has a range of reporting mechanisms to ensure the Board are aware and accountable for delivery of services and management described changes made in the service which were led by the Board. Management were able to demonstrate effective risk management systems and practices and provided specific examples. The service has a clinical governance framework which support staff in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure processes. Management described the use of psychotropic medication register and an antimicrobial stewardship assessment to support the clinical governance framework.

Documentation demonstrates consumer input into the dining experience through food focus groups. The Assessment Team reviewed Board meeting agendas which show various agenda items including clinical incidents and policies and procedures are discussed by the Board. The service was able to demonstrate relevant policies and procedures used for effective organisation wide governance systems. The service maintains a plan for continuous improvement, with improvements on the plan identified from a range of sources, and shows improvements are monitored and reviewed and two examples of improvements were provided to the Assessment Team.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

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

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

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

# Areas for improvement

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