Lifeview Emerald Glades

Performance Report

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**Commission ID:** 3633

**Provider name:** Farwell Nominees Pty Ltd

**Site Audit date:** 8 February 2022 to 10 February 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

James Howard, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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 Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit conducted from 8 February 2022 to 10 February 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report, received 15 March 2022. The provider’s response clarified material contained in the Assessment Team’s report and outlined actions taken by the provider in response.
* Other information and intelligence held by the Commission in relation to this 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers considered they were treated with dignity and respect, could maintain their identity, were able to make informed choices about their care and services, and live the life they chose. For example:

* Consumers said they were treated with respect and were addressed by their preferred names.
* Consumers provided specific examples of how the service understood, supported and respected their individual backgrounds and cultures.
* Consumers and representatives said consumers were supported to exercise choice and independence and to maintain relationships of choice.
* Consumers said they were encouraged to do things for themselves, and staff knew what was important for them.
* Consumers and representatives said they received regular newsletters and updates via email. Consumers and representatives said they had the information they needed to make informed choices, including individual, real-time access to the service’s electronic care planning system.
* Consumers said their personal privacy was respected.

Staff provided information consistent with care planning documents. Staff demonstrated an understanding of consumers’ needs and preferences, including how they could support couples to maintain their personal relationships.

Staff provided examples of supporting consumers to take risks, such as walking independently and eating foods with textures other than those recommended by a speech pathologist.

The Assessment Team observed a wide range of documents, brochures, and information to support the LGTBQI+ community.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers considered they felt like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers advised the service involved them with the initial and ongoing assessment and planning of their care and services.
* Consumers and representatives confirmed they could access copies of their care plans if they wished and were provided with relevant information about their assessed care needs.
* Consumers and representatives said they were consulted when changes occurred in consumers’ care needs.

Assessments were completed by registered nursing staff on entry to the service, in partnership with a physiotherapist, the consumer’s medical officer and other allied health professionals where necessary.

Care plans demonstrated they were developed in consultation with the consumer and their representatives, were reviewed regularly and updated when required.

Care planning was individualised and included consideration of specific risks to each consumer’s health and well-being such as falls, pain, compromised skin integrity and risks related to swallowing.

Staff described consumers’ needs, goals and preferences, including strategies they followed to ensure identified needs and preferences were met.

The organisation had a live electronic system, where the representatives could access information related to consumers’ care planning and the care they received, if they wished to access that information.

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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Consumers considered they received personal care and clinical care that was safe and right for them. For example:

* Consumers confirmed they received the care they needed and advised they had access to a medical officer or other health professional when required.
* Representatives said the consumers they represented received care that was safe and right for them.

A review of clinical records demonstrated consumers received individualised care that was safe, effective and tailored to their specific needs and preferences.

Consumers’ care planning documentation included advance care planning and detailed the needs, goals and preferences of consumers regarding end-of-life care.

Care planning documents and progress notes demonstrated the service identified and responded to deterioration or changes in consumers’ physical, mental and/or psychological conditions.

The service demonstrated risks for each consumer were effectively managed, including falls, swallowing and behaviour.

Information relating to consumers’ conditions, needs and preferences was recorded in handover documentation, and communicated where the responsibility for care was shared. Staff attended shift handover to ensure information regarding consumers was consistently shared and understood.

Care planning documentation reflected referrals to, and input from, medical officers and a range of allied health professionals including physiotherapists, podiatrists, dieticians, speech pathologists and dementia support services.

The service demonstrated consistent approaches to infection prevention and control including standard precautions and strategies to minimise the risks of infections, COVID-19 outbreaks and the promotion of antimicrobial stewardship.

Staff had access to policies and guidelines which were linked to evidence-based practice which included, but was not limited to, pain management, wound management, restrictive practices and clinical deterioration.

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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Consumers considered that they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. For example:

* Consumers said they were supported to participate in individual and group activities of interest to them, both inside and outside the service.
* Consumers indicated they were supported emotionally and spiritually by the service and the care staff. Support included religious services, cultural events and access to services in the wider community.
* Consumers said they were encouraged and supported to maintain relationships with family members and people they cared about. This included the use of technology, such as tablet computers and smart phones, when the facility was locked down. Consumers were supported to maintain friendships with friends outside the service.
* Consumers reported they were satisfied with the quantity and quality of food at the service and enjoyed the way the meal service was conducted. Consumers were supported to share meals with fellow residents with whom they chose to sit. Consumer said that they had access to food and drink outside of normal scheduled hours and that staff supported them to do this.

Staff described how electronic devices were used to log and communicate consumers’ preferences. The system included consumer profile information and was available to consumers and their representatives, if they were authorised to access the consumer’s profile.

Care planning documentation showed that the need for referral to other providers such as Dementia Support Australia was assessed upon entry to the service.

The Assessment Team observed equipment was safe, suitable, clean and well maintained and that staff and maintenance personnel undertook ongoing monitoring to ensure equipment was fit for purpose.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall consumers considered they felt they belonged in the service and felt safe and comfortable in the service environment. For example:

* Consumers explained they felt the environment was safe, and they were encouraged to use all areas available to them. The Assessment Team observed external doors to courtyards and outside areas were always open during the assessment, and consumers confirmed this is usually the case.
* Representatives indicated that the service and staff made efforts to make the facility like a home for consumers. They said consumers were happy with the environment and felt included in the service. Representatives said they felt welcome at the service when visiting consumers.
* The Assessment Team observed the service was clean and well maintained with recent updates to all ensuite bathrooms and service cabinetry.
* The service had sufficient numbers of safe and suitable chairs, tables and other fittings and equipment to meet the needs of consumers.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. For example:

* Consumers and representatives said they felt safe and supported to complain to the service. They said management listened to their complaints and kept them informed of progress towards service changes or resolution of their complaint.
* One representative said they had used an external complaints service and that the issue was addressed to their satisfaction.
* Consumers said staff and management listened to their suggestions, such as for activities, and made changes based on their feedback.

Staff demonstrated how they supported consumers to access external advocacy and interpreting services. The service had a multicultural staff cohort and translator apps were installed on staff smartphones.

Staff demonstrated their understanding of the meaning and application of open disclosure when things went wrong.

The organisation facilitated the process of raising feedback, including for consumers and representatives with diverse linguistic backgrounds, through having an electronic feedback kiosk with variable language options placed prominently in the living area.

The organisation had a proactive approach to complaints management, sought feedback from consumers and representatives and used this information to improve care and services.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers considered they received quality care and services when needed, from people who were knowledgeable, capable and caring. For example:

* Consumers and representatives said they were satisfied with staffing levels. While there could be more staff, they said staff responded promptly to calls for assistance and there had not been any adverse outcomes for consumers as a result of staffing levels.
* Consumers and representatives commented that staff were kind and caring and knew what they were doing.
* One representative said the service had experienced challenges with having sufficient staff during the pandemic, but she was satisfied that the service made efforts to provide more staff when there were shortfalls.

A review of staff rosters and management interviews demonstrated shift vacancies were filled by casual staff and permanent staff who had capacity for additional hours. Vacancies were usually filled by service staff but where necessary the service could draw on a bank of staff from other services operated by the organisation.

The Assessment Team observed that interactions with consumers by care staff, cleaning staff, lifestyle staff, management team members, kitchen staff, nurses and physiotherapists were kind, thoughtful, and respectful.

Management demonstrated how suitable candidates were recruited, inducted and trained. Care staff and nursing staff were required to have appropriate qualifications for the roles they performed.

Management demonstrated the performance assessment and review process included assessments for new staff at 5 and 12 weeks after commencement.

Staff learning and development documentation included records of mandatory training in a number of areas that included fire and emergency, mandatory reporting and elder abuse, food safety, infection control, and washing and manual handling for clinical and nonclinical staff. It also included scheduled training in supporting people living with dementia, wound care protocols, palliative education, dietary texture modification and LGBTQI+ awareness training for new staff.

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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services as assessed through other Standards.

Overall, consumers considered the organisation was well run and they could partner in improving the delivery of care and services. For example:

* Consumers and representatives said the service was well run and that they were involved in the development, delivery and evaluation of the care and services they received. Consumers were asked by the service to provide feedback on the care and services they received through surveys and feedback tools.
* Representatives said the service communicated with them regularly, particularly when visiting was not possible during pandemic restrictions. They said they were kept informed of any changes that could impact on the delivery of care and services. They were invited to participate in surveys, were given access to the client management software gateway if the consumer consented, and their concerns were taken seriously.
* The service demonstrated that it promoted a culture of safe, inclusive and quality care and took responsibility for service delivery. The service’s management communicated effectively with the service’s Board through meetings and reports to ensure the service delivered safe and quality care and services for consumers.

The service had a monthly audit programme, which provided clinical and quality data to the monthly meetings of the executive management team. The provider had a single Director and an Advisory Board, which met each quarter and reviewed a quality report provided by the service’s executive management team.

The service’s governance systems functioned effectively and were supported by technology platforms which staff demonstrated they were able to use. Effective information systems were in place for consumers and their representatives and all levels of staff and management.

Feedback, complaints, audits, clinical and legislative updates and performance assessments informed continuous improvement activities. The service had financial governance systems in place, which included approval processes for capital and recurrent expenditure.

The service demonstrated effective risk management systems, which included assessments and audits to identify potential risks and systems for identifying and responding to abuse or neglect of consumers. An incident management system was used to report and investigate incidents and to minimise the possibility of incident recurrence.

The organisation provided a documented clinical governance framework which included an explanation of clinical governance, leadership and culture. The framework included policies and procedures related to antimicrobial stewardship, minimising the use of restraint and complaints management including open disclosure.

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.