Mekong Cairnlea Vietnamese Aged Care

Performance Report

133 Cairnlea Drive   
Cairnlea VIC 3023  
Phone number: 03 9429 1307

**Commission ID:** 4561

**Provider name:** Indochinese Elderly Refugees Association Victoria Inc

**Site Audit date:** 13 December 2021 to 16 December 2021

**Date of Performance Report:** 25 January 2022

# Performance report prepared by

Vanessa Stephens, 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; 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.

# 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.

Overall, sampled consumers considered that 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.

Consumers said that staff know their needs and backgrounds, and representatives stated that staff treated their loved ones well. Consumers described how staff provide care to them in a culturally safe way and confirmed that all staff speak Vietnamese. Consumers spoke about how they are supported to maintain their interests and personal relationships, such as attending religious prayer groups. Consumers said staff welcome their families and visitors, and keep them in touch with their loved ones at other times by telephone.

Staff consistently spoke of consumers in a way that indicated respect and an understanding of their personal circumstances. Staff demonstrated respect and understanding of consumer backgrounds and how they apply this understanding when delivering care. Staff explained they show respect by referring to consumers as uncle or aunty and then their first name.

The Assessment Team observed staff respectfully interacting with consumers throughout the audit. Staff were observed to use gentle voice tones, respectful body language, and communicated in Vietnamese.

The service demonstrated that consumers are supported enabling them to live the best life they can. Care planning documentation reflected what is important to consumers in relation to maintaining their identity and supporting their choices and decision making.

The service has a suite of documents and processes to guide staff, including guidance on the provision of culturally safe care, and how to support consumers to exercise choice and independence. Dignity of risk consultations occur with consumers, their family and other relevant persons such as allied health providers.

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.

Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Sampled consumers and representatives confirmed they are involved in care planning on a regular basis and are satisfied with the level of staff communication. Representatives said informal approaches can also be made to staff and management at any time. Consumers and representatives confirmed they have received, have viewed, or have been offered a copy of the consumer’s care plan.

Clinical staff demonstrated knowledge of assessment and care planning processes and how risk is assessed and minimised in partnership with consumers to ensure safe and effective care.

Clinical staff described an initial and ongoing assessment process that involves consumers and their representatives. Initial assessments are completed on admission and risk assessments are completed using a range of validated risk assessment tools.

Clinical staff described how care plans are reviewed through a monthly ‘consumer of the day’ process, three-monthly comprehensive care plan evaluation, as well as when circumstances change. A care plan review schedule is in place to ensure risks and palliative care preferences are identified. Clinical staff described the involvement of medical practitioners, physiotherapist and other external health providers.

The service demonstrated evidence of assessment and planning for care and services in partnership with the consumer. Care planning documentation demonstrated that consumers and their representatives are involved in regular care reviews and consultations. Summary care plans are maintained on an electronic care file system, and the service organises translation into Vietnamese upon request by the consumer or their representative.

The service has policies and procedures that guide staff in the assessment and care planning process to identify and manage risk. Risk assessments are completed utilising a range of validated risk assessment tools that collect individualised information about clinical risks including falls and pressure injuries.

The Quality Standard is assessed 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 – 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.

Overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers and representatives expressed their satisfaction with the palliative care approach provided by the service which is in line with the cultural wishes of consumers. Consumers and representatives said consumers have access to visiting medical practitioners, allied health providers and other medical specialists within the Vietnamese community.

Consumers who are prescribed psychotropic medications are assessed, monitored and reviewed according to regulatory requirements. Management advised, and documentation review confirmed, that there are no consumers subject to chemical restrictive practice. Consumers and representatives confirmed they are involved in consultations in relation to psychotropic medications.

Clinical staff explained how they monitor the outcome of clinical care interventions through progress notes, pain charting, behaviour charting, clinical observations and other mechanisms. Clinical staff described how they ensure care is safe, effective and in line with best practice. Clinical staff described how acute changes in condition are communicated through verbal and written handovers and that incidents are reported to enable trends to be identified.

Management said clinical indicators are collated, monitored and analysed for trends. For example, psychotropic medication use is a regular agenda item at the medication advisory committee meeting. Care outcomes are evaluated, actioned, and communicated with staff.

Care documentation reflects pain assessments are conducted utilising verbal and non-verbal pain assessment tools as appropriate. Care documentation demonstrated treatment, monitoring and review in line with best practice policy. Documentation demonstrates collaboration with specialist services such as wound specialists, continence consultants, neuropsychologists and other medical and allied health services.

The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate use of antibiotics.

The Quality Standard is assessed as compliant 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 and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and representatives interviewed indicated the consumers are supported in daily living with things that interest them and consumers are encouraged to maintain their independence as much as possible. Consumers expressed satisfaction with the lifestyle program and said they feel supported to participate in activities of their choice.

Consumers and representatives indicated that they are satisfied with meals and snacks provided with suitable quality and quantity. Consumers said they could request alternatives if they wanted, and confirmed there is always enough food available. Consumers and representatives said they provide feedback to the chef and catering staff.

Staff demonstrated how they engage with consumers and their representatives to understand what is important to them and how this informs the service’s lifestyle and leisure activities. Staff described how they identify consumers who might be feeling low, and how they use different techniques to help them, such as telephone calls to loved ones, or engaging with nature through the service’s gardens and chickens.

The service demonstrated effective services and supports for daily living. Care planning feedback is sought from consumers to ensure care plans reflect their capabilities, needs, interests and choices. The service’s lifestyle and leisure planner reflected opportunities to participate in one-on-one chats, spiritual services and social activities.

Consumers are supported by staff to maintain relationships and connections with those who are important to them and do things of interest. Lifestyle and other staff understand consumer preferences, and care plans reflect consumers' current goals and preferences to optimise their independence, quality of life and maximise their health and well-being.

Consumers and representatives interviewed were satisfied with communication about consumer needs within the service and others as appropriate. Interim and ongoing care plans include information about consumers' conditions, needs and preferences. The service engages the support of individuals, other organisations, and providers of other care and services to meet consumer needs as appropriate.

The Assessment Team observed the service to have adequate supplies of well maintained and clean equipment, such as activity supplies and clinical equipment.

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 that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed that the service environment is clean and well-maintained, and expressed confidence that any requests for equipment maintenance would be attended to promptly. Consumers said they can move freely throughout the service, between indoor and outdoor areas.

Management demonstrated that the service environment is safe and promotes independence, function and enjoyment. The organisation has an internal and external preventative maintenance schedule. A reactive maintenance log evidenced actions taken in response to maintenance requests, and is reviewed by management on a monthly basis.

The organisation has a suite of documents and process to ensure the service is clean, safe, well-maintained and comfortable. Procedures include preventative and reactive maintenance, electrical safety, and management of hazards.

Consumers were observed using quiet spaces, outdoor courtyards, and other communal areas. The service is designed in a loop shape, enabling consumers to ‘loop walk’ around each floor freely and without obstruction.

The Assessment Team observed that the service’s furniture, fittings, and equipment were clean and safe for 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, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers said they are encouraged and supported to raise complaints. They expressed satisfaction with the responsiveness of management to complaints and an open disclosure process is applied by the service.

However some representatives said they were not certain about the feedback process and suggested the service could provide clearer communication about the process. Management acknowledged how they could improve their system to identify trends and improve the quality of care and services.

Staff demonstrated how they support consumers to raise any concerns and documentation reviewed identified the feedback and complaints process and action taken. Staff described the process of open disclosure and said that being open about complaints helps resolves any issues. Staff generally were able to explain how they would assist consumers to access advocacy services, external complaints bodies and translation services through referral to management.

The service currently identifies comments, concerns and complaints through a review of consumer progress notes. Senior staff ensure that appropriate actions are taken and significant complaints are escalated to the Board.

The Assessment Team observed locked feedback boxes with feedback and suggestion forms in the reception area and in dining rooms. The forms are written in Vietnamese and English language.

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.

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. All sampled consumers felt there was enough staff at the service. They said a staff member is always there when they need one. Consumers confirmed that staff know what they are doing and they receive the care they need.

Care and nursing staff provided examples of how they ensure dignity and respect for consumers is maintained. The service has a workplace diversity policy to guide staff in providing culturally safe care and services to consumers with diverse needs. The Assessment Team observed staff interacting with consumers in a kind, caring, and respectful manner.

Most care and nursing staff described participating in an annual performance appraisal and ongoing education and training. All staff interviewed confirmed they feel comfortable approaching senior staff if they felt they needed additional education or training.

The service demonstrated that the workforce is sufficient, skilled and qualified to provide quality care and services. The service has a dedicated administrator monitoring staff levels, staff skills, and vacant shifts. The service has a comprehensive recruitment and selection policy and annual staff performance reviews to determine whether staff are competent and capable in their role.

Management said they conducted recruitment activities in 2021 in preparation for the likelihood of the COVID-19 pandemic impacting staff availability.

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, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers said that staff are approachable and open to feedback. They said the service is well run and the environment is well-maintained.

Consumers and representatives said they feel the service promotes an inclusive environment that enables safe and quality care. The organisation promotes safe and inclusive care through equal opportunity and diversity policies to guide staff practice.

Management evidenced improvements made to the service to ensure they were prepared and ready to respond to COVID-19, including increasing workforce capabilities for both care and clinical staff.

Staff confirmed they can readily access information to inform them when consumer care and services are reviewed and through daily meetings and handover.

Staff demonstrated an understanding of the service’s incident management system, and were able to describe their responsibilities in relation to the Serious Incident Response Scheme.

The service uses an incident management system to document incidents and identify high impact risks. Risks are reported, escalated and reviewed by management at the service level and senior management including the board.

The service evidenced how consumers are supported in making informed, independent decisions that enable them to live the best life that they can. The service’s choice and decision-making policy guides staff regarding consumer rights to make choices that may involve risks.

The service demonstrated effective governance systems including clinical governance. The service has documented policies relating to antimicrobial stewardship and minimising the use of restraint.

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.