Mercy Community Services - Emmaus

Performance Report

131 Queens Road   
Nudgee QLD 4014  
Phone number: 07 3260 9555

**Commission ID:** 5125

**Provider name:** Mercy Community Services SEQ Limited

**Site Audit date:** 30 August 2021 to 1 September 2021

**Date of Performance Report:** 30 September 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about care and services, and live the life they choose. Consumers considered they are encouraged to do things for themselves and that staff know what is important to them as individuals, are supported to maintain independence and are engaged in decisions relating to the care and services they wished to receive.

Consumers said they are supported to take risks and engage in activities of choice, providing examples such as driving mobility scooters or using of electric power tools. Consumers said they received information that was accurate, current, timely and easy to understand.

Staff demonstrated an understanding of what is important to individual consumers, including preference, culture and values and described how consumers’ preferences are facilitated and respected. For example, how the service supports individual meal preference and consumers preference for gender of staff to assist with personal care.

The service supported consumers to maintain relationships with people of importance to the consumers, including maintaining contact during COVID-19 lockdown by providing electronic devices for videoconferencing.

Information is provided to consumers and representatives, including through verbal communication and written communication such as activity calendars and menus on display, meetings and care plan reviews.

Review of consumers’ care documentation identified the completion of risk assessments and discussions with the consumer and/or representative to support consumers to take risks to live the life they wish. Care planning documentation included information about consumer’s background, identity and culture and provided detailed information to guide staff in delivering care tailored to the consumer’s expressed preferences.

Throughout the Site Audit, the Assessment Team observed information available to consumers to support decision making such as daily menus and activity calendars on display. Staff were observed to be interacting respectfully with consumers, including knocking on consumer’s doors and asking for permission before entering the room, providing information about activities on offer for the day and providing choice at mealtimes.

The service demonstrated consumers are provided the opportunity to participate in decision through individual meetings making in matters regarding food, events and lifestyle activities. The service’s admission pack included a privacy and consent agreement, the Charter of Aged Care Rights, voting change form, statement of choices, consent to sharing of information and publishing of photographs.

The organisation has a number of documents that guide staff including policies and procedures to promote cultural safety and diversity and in consumers privacy and confidentiality. The organisation had policies including to guide staff in supporting consumers to make choices that may involve risk, and staff had been provided with training in risk assessment and management.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives considered they are partners in the ongoing assessment and planning of the consumers’ care and services, including involvement in initial assessments upon entry to the service and during ongoing care planning. Consumers’ current needs including risks, and advanced care planning were considered during the assessment process. Consumers and representatives confirmed they were informed about the outcomes of assessment and planning and had ready access to the consumers care and services plan.

Registered staff described the service’s assessment and planning process, including when a consumer first enters the service and in ongoing assessment and care plan reviews. They described how they partner with consumers and representatives through case conferences, telephone conversations, email and consumer meetings; and involve the Medical Officer and other health professionals in the consumer assessment and planning process.

Staff demonstrated understanding of individual consumers’ assessed needs, goals and preferences and that the outcomes of assessments are documented in consumer care plans. Care staff confirmed they access consumer care plan documentation electronically and had a hard copy available for the first 48 hours after the consumer had entered the service.

Review of consumer assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences; and identified regular review of care in consultation with the consumer and/or representative.

The service had policies and procedures to guide staff in the assessment and care planning process including assessment of consumer risk, care plan documentation and referrals. The service utilised risks assessments for falls, skin integrity, pain, choking risk, restraint and risks associated to lifestyle choices.

The Assessment Team reviewed care planning documentation which identified that consumers and representatives were involved in assessment and planning processes and other providers of care and services. For example, medical officers, allied health professionals and other specialists were included and consulted as required. Consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives said consumers’ received care and services which met their needs and preferences, is safe and optimised consumers to live the best life they can. Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff and consumers received the care they need. They expressed satisfaction that appropriate referrals occurred for consumers when needed and that the consumer had access to relevant health professions as required.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for one named consumer who is a risk of falling staff explained strategies implemented to minimise this risk such taking the consumer for regular walks and sessions with the physiotherapist. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via daily care meetings. Staff confirmed they had access to the service’s electronic care documentation system.

Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff. They said registered staff are readily available to report any concerns in relation to consumers’ personal or clinical care delivery. Staff have access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, skin integrity, pain, and recognising and responding to consumer deterioration. The service has completed training for all staff in clinical care areas such as pressure injury management and infection prevention and management principles.

The service identified high impact, high prevalence risks for consumers included falls and behaviours management and demonstrated these risks were documented and managed effectively. Registered staff described strategies for the management of these risks/s for individual consumers including regular review of psychotropic medication to ensure chemical restrictive practice is used as a last resort and identify opportunity to reduce or cess in collaboration with the Medical Officer. Registered staff described the services processes for when a deterioration or change in the condition of a consumer is recognised and responded to.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs, for example, consumers requiring wound care, urinary catheter management, diabetes management and pain management. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

Care delivery is monitored through case conferences, regular care plan reviews, and monitoring of clinical indicators.

The service has implemented policies and procedures related to antimicrobial stewardship, infection control management and an emergency management plan for COVID-19 to guide staff. Staff confirmed they have received training in infection minimisation strategies including infection control, antimicrobial stewardship and minimising the use of antimicrobials. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives said consumers are supported by the service to do the things they want to do and that are important for their health and well-being. They advised the service supports them to optimise the consumers’ independence, health, well-being and quality of life and that staff support them emotionally and psychologically. Consumers provided examples of the activities that they enjoy including Tai Chi, working on model trains and going for walks.

Consumers expressed satisfaction about the food provided, and they had a choice of meals including vegetarian options. Consumers provided examples of how they had been able to influence the menu and confirmed they received sufficient food to eat.

Care planning documentation included information about consumers’ leisure and lifestyle preferences and provided detail about the consumers’ past life. The Site Audit report provided information about activities of interest, cultural preferences, spiritual and religious preferences, included in consumers’ clinical documentation. Strategies to support consumers to remain connected with family and friends and the broader community are documented.

Consumers’ specific dietary requirements and preferences were reflected in care plans including allergies and preferences, and staff described how these are communicated via dietary profiles located in the kitchen and dining areas.

Staff described what is important to the individual and how they support the consumers’ needs, goals and preferences and promote independence and quality of life. They explained how the service engages with consumers, representatives and community groups to ensure the lifestyle program offered by the service meets individual consumers needs and preferences. Representatives are encouraged and supported to participate in events at the service including living style activities and attendance at the consumer monthly meetings.

Satisfaction with the lifestyle program and the service and supports for daily living, including food satisfaction is monitored through consumer feedback, consumer monthly meetings, food focus groups and complaints mechanisms.

During the Site Audit, the Assessment Team observed consumers and representatives participating in and enjoying individual and group activities.

Staff said they had access to the equipment they needed and the equipment was maintained. The service had a preventative maintenance schedule and maintenance staff conduct regular equipment inspections to ensure identification of issues and these are documented through the service’s electronic maintenance system.

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

Overall consumers considered they belong in the service and felt safe and comfortable in the service environment. Consumers said can move freely in and out the service and have access to a call bell to alert staff if they need assistance. are free to leave the service when they want to. For consumer who wish to leave the service to attend activities externally, or visit family and friends the service had a process for consumers sign a form prior to leaving that notifies the service of their expected return.

Overall consumers expressed satisfaction with the cleaning and frequency of cleaning of their rooms and communal areas of the service. Consumers expressed satisfaction that requests for maintenance they raised are attended to in a prompt and efficient manner.

The Site Audit report provided information in relation to the service’s security processes and identified consumers are provided swipe cards or key codes if they wished to enter the service after 4:00pm.

Management confirmed the service has processes for preventative and reactive maintenance and described the processes including external contractors for specialist equipment annual maintenance checks and attending to reactive maintenance as required in a timely manner.

Staff said there is sufficient equipment to be able to meet the goals and needs of consumers. They described the process for managing equipment that is broken, including directly reporting to the maintenance staff or logging a report in the electronic reporting system.

The service environment was observed to be generally clean and consumers rooms were observed to be decorated with personal items reflecting their individuality. Communal areas included outdoor gardens and patio areas, a movie theatre and hairdresser. There were multiple gardens and outdoor areas with wide level pathways to assist consumers who access these areas with mobility aids and sheltered areas for consumers use during adverse weather conditions.

Review of the service’s maintenance records demonstrated that maintenance issues reported by staff and consumers are resolved in a timely manner. At the time of the Site Audit the service had 10 outstanding reactive maintenance tasks with the most outstanding task logged on 28 August 2021.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives confirmed that they were aware of avenues available for providing feedback and raising complaints. They considered the service encouraged and supported them to provide feedback and raise complaint and expressed satisfaction that appropriate action is taken as a result of feedback provided. Some consumers expressed dissatisfaction with ongoing issues in relation to catering which had not been fully resolved, however, consumer identified improvements and demonstrated awareness of proposed changes.

Management encourages and supports consumers to provide feedback or make a complaint and if required, staff will assist consumers to bring forward their concerns. Information is provided to consumers about how to provide feedback or make a complaint including how to access advocates, language services and other ways of addressing complaints.

Management takes action in response to complaints and an open disclosure process is used. Feedback and complaints are logged on a register, used to improve the quality of care and services, are reviewed weekly at the service’s clinical meetings and reported to the organisation’s governing body. The service demonstrated action has been taken in response to complaints raise by consumers during the Site Audit about catering services and staffing. Where improvements are identified as a result of feedback, these are added to the service’s continuous improvement plan for actioning.

During the Site Audit the Assessment Team observed feedback forms and on advocacy services available throughout the service. Information on making a complaint was available in consumer handbooks.

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

Overall consumers and representatives considered consumers receive quality care and services from people who are knowledgeable, capable and caring. Consumers described staff as kind, caring and respectful and staff were observed interacting with consumers in a kind, caring and respectful manner. While some consumers reported occasional delays in care staff responding to call bells, they expressed satisfaction with care and service delivery and staffing.

Workforce planning enabled the deployment of an appropriate number and type of care and service staff to deliver and manage safe and quality care and services. The service had undertaken a recent recruitment resulting in the reduced the use of casual care staff, an additional Care Service Manager and the service taking over the provision of catering services from an external contractor.

The Site Audit report provided information which evidenced that a minimum of one registered nurse is available on all shifts; the service monitors call bell response time via audits with 92 percent of requests for assistance responded to within 10 minutes.

Workforce members are competent and have the qualifications and knowledge to effectively perform their role. They are recruited and then trained, equipped and supported to deliver safe and quality care and services that meets the quality standards. Training records confirmed staff have received training in areas relevant to their role, including but not limited to, the Serious Incident Response Scheme, information and management systems, feedback and complaints, care assessment and delivery including wound care, palliative care and falls.

The organisation had process for Human Resource management supported by policies and procedures, position descriptions, minimum qualifications and responsibilities for roles, performance planning and monitoring, and mandatory education.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered that the organisations is run well and that they are involved in the development, delivery and evaluation of care and services.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body exercised accountability for the delivery of safe and quality care and services through monthly reporting on the service’s performance in relation to human resources, consumer feedback, incidents and clinical indicators.

Governance systems were in place in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can.

The organisation has a documented Clinical Governance framework which is supported by policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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.