Mutkin Residential Aged Care

Performance Report

87 Back Beach Road
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**Commission ID:** 5239

**Provider name:** Mutkin Residential and Community Care Indigenous Corporation

**Site Audit date:** 16 September 2020 to 17 September 2020

**Date of Performance Report:** 29 October 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-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) | Non-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.
* Infection Control Monitoring Checklist
* The Approved provider’s response to the Infection Control Monitoring Checklist.

# 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

The Assessment Team interviewed consumers and representativesand were advised that consumers were treated with respect by staff and management. Consumers said they valued their independence and felt supported by staff who knew their choices, preferences and needs. Consumers spoke about being consulted on the quality, type and frequency of meals, and about activities and lifestyle choices.

Consumers said they were provided with enough information to enable them to make informed choices about the types of care and services that suited them. They said their personal privacy was respected and their private information was kept confidential. Consumers interviewed said they were satisfied they and their family members were involved in decision-making processes and could exercise choice.

Staff demonstrated that they understood the organisation’s expectations regarding dignity and respect, cultural safety, supporting consumers’ choices involving risk and supporting each consumer to maintain relationships. Staff described the service’s provision of culturally appropriate activities, including supporting consumers and representatives to participate in family celebrations and recognising ‘sorry’ days.

The organisation’s policies and procedures assist staff to support consumer independence and social connectivity. Training records identify ongoing training for staff in relation to treating consumers with respect and dignity, supporting consumers’ identity, culture and diversity, and acknowledging dignity of risk. Staff confirmed they were provided with privacy and confidentiality training as part of their mandatory training.

A review of care planning documentation confirmed risks to consumers were assessed and risk minimisation strategies were developed and communicated to staff in care planning documentation, handover meetings and case conferences. Consumer documentation was locked in cupboards in a secure area and online consumer documentation was password protected.

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 said staff consulted them through the initial assessment and planning process. They said they were informed about the outcomes of assessment and planning and were kept informed of changes made to consumers’ care. They said they had ready access to care and services plans if they wished.

Care planning documents reflected that consumers and their representatives were involved in assessment and planning. The Assessment Team established that registered staff complete initial assessments to inform the delivery of safe and effective care, and medical officers and allied health professionals were involved in the assessment process as required. Care and service plans were relevant to the consumer’s needs and included communication, pain management, skin integrity, nutrition and hydration. The service had evidence-based assessment tools available for staff to use. Care plans were maintained electronically. A hard copy of the care plan was available in each consumer’s room

The care documents sighted by the Assessment Team included advanced care planning and end of life planning. Palliative care and end of life discussions were facilitated by the medical officer and the medical centre with the assistance of an Aboriginal Liaison Officer. The organisation had guidance material on advance care planning and end of life planning.

The service demonstrated that consumers’ care and services were generally reviewed on a three-monthly basis or when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

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 NON-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 stated that consumers received the care they needed and had access to medical officers and other health professionals when they needed it. They stated consumers were referred to health professionals when required.

Staff said they had access to policies and procedures and quick reference flow charts in hard copy and electronically relating to the provision of care, including restraint, skin integrity and pain management. The service had clinical guidelines for the delivery of end of life and palliative care. The policies and procedures were maintained and updated electronically by an industry peak body. Staff said while there was an electronic handover available, a verbal handover was given each shift. Care staff stated they received adequate information during handover.

Progress notes and other care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service demonstrated appropriate monitoring of consumers by registered staff, including clinical monitoring and escalation to medical officers when required. Staff had access to clinical information to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Care planning documents and progress notes reflected the identification of and response to a deterioration or change in consumers’ conditions or health status. Clinical records reflected referrals and input from medical officers, allied health and other medical professionals.

Staff demonstrated an understanding of the needs, goals and preferences of consumers nearing end of life. The service had access to a community hospital that provided palliative care.

The service recorded high impact and high prevalence clinical and personal risks for consumers in care plan information, incident documentation and on risk assessments. Staff could describe the most significant clinical and personal care risks for consumers.

The service did not demonstrate effective processes to respond to an outbreak of COVID-19. The Infection Control Monitoring Checklist submitted by the service indicated that in the event of an outbreak of COVID-19, the service would have difficulty securing a workforce to enable the continuation of care and services.

The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements has been assessed as Non-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) Non-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.*

The service had practices in place to minimise the risk of infections. The organisation had procedures and resources relating to infection control and practices to reduce the risk of resistance to antibiotics. Vaccination records were maintained for staff and consumers and the records confirmed all staff had a current influenza vaccination.

Registered staff and other staff described to the Assessment Team how infection-related risks were minimised. Staff said there were ample supplies of personal protective equipment and hand sanitiser available. Information posters on handwashing, social distancing and hygiene practices were sighted throughout the service. The Assessment Team observed visitors to the service being screened, including having their temperature recorded. Representatives advised they have been kept informed by the service about COVID-19 pandemic.

The Infection Control Monitoring Checklist completed by the Assessment Team indicated that the service would experience difficulties securing a workforce in the event of an outbreak of COVID-19 in the community. The service indicated that the majority of staff are classified as high risk and would be unable to work at the service if an outbreak occurred. The Approved provider’s response to the requirement for a surge contingency staffing plan indicated that the service would be relying on the Public Health Unit to provide staff or consumers might need to be transferred outside the community to an external facility.

I am concerned that the service has not secured an alternative workforce in the event of an outbreak of COVID-19 to enable continuity of care and services at the service. Therefore, I find the service Non-compliant in this requirement.

# 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 confirmed they were supported by the service to undertake lifestyle activities of interest to them within and outside the service, to be as independent as possible in activities of daily living, and to maintain contact with those people who were important to them. Consumers interviewed advised they enjoyed the food offered. They said that if they were hungry they spoke to a staff member who would get something for them to eat. They said staff were kind and caring.

Care plans sighted by the Assessment Team included information about what was important to consumers. There was information about each consumer’s family and life histories. Lifestyle and dietary preferences and needs were documented.

Staff said they had a good understanding of the consumers and were able to provide emotional support when required or access additional supports if needed. Staff said they were kept informed of changes in consumers’ lifestyle arrangements or consumer emotional well-being at shift handovers and in progress notes and lifestyle notices.

Kitchen staff were able to explain the dietary needs and preferences of consumers, such as vitamised meals and supplements. They stated they were familiar with the consumers and the types of food the consumers liked to eat from a cultural perspective. They knew how to modify meals for those consumers with special requirements. The cook said they discussed the management of individual consumers with a dietitian.

The Assessment Team found the kitchen was clean and tidy and staff were wearing appropriate Personal Protective Equipment. Equipment used for mobility and participation in lifestyle activities was suitable, clean and well-maintained. A review of maintenance documentation identified scheduled preventive maintenance had been completed.

Lifestyle staff said management was responsive to requests for additional lifestyle items and 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

Consumers stated they felt safe living at the service and they could freely and safely access indoor and outdoor areas. They said the service was clean and well-maintained and they felt at home in the service. Consumers felt their visitors were made to feel welcome.

The Assessment Team found the environment to be secure and clean and tidy. Consumers had call bells in their rooms. Fire evacuation diagrams were sighted and fire-fighting equipment was readily available for staff. Documentation sighted by the Team established that reactive maintenance was attended in a timely manner and preventative maintenance was undertaken in accordance with a schedule. The Maintenance officer advised all scheduled contracted service maintenance was up to date and the maintenance log evidenced regular maintenance of the service environment.

Cleaning staff were observed cleaning consumers’ rooms. Cleaning staff stated they followed a schedule for cleaning.

Furniture, fittings and equipment were clean, well maintained and suitable for purpose. Staff across all areas of the service said they had enough equipment to undertake their roles and 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

Consumers and representatives said they had not felt the need to make complaints as they were able to talk to staff if they had any concerns or issues. They said they could raise concerns at monthly consumer meetings or speak directly to managers and staff at the service. Concerns could also be raised by using the service’s feedback forms.

The organisation has written materials about how to make complaints including information on advocates and language services. The Assessment Team observed posters and brochures at the service relating to external advocacy support agencies, interpreter services, and the Aged Care Quality and Safety Commission website.

Staff described their roles in supporting consumers to provide feedback, including offering to document concerns for the consumer. Staff were able to describe the external agencies available to assist consumers or their representatives. Staff are provided with training in relation to managing complaints.

The Assessment Team sighted the complaints register and established that the complaints process included an apology, investigation and follow-up actions as required and a review of the process after the issue was resolved. Feedback, suggestions and complaints were recorded in an electronic management system.

Complaints were reviewed by the Chief Executive Officer who took overall responsibility for resolving issues. The service used an open disclosure approach, including an apology by management, as an integral part of its complaints’ resolution process. The organisation’s governance team received complaints reports and were engaged in identifying complaint themes to be considered at an organisational level. The Chief Executive Officer provided regular reports outlining feedback and complaints at monthly consumers meetings, staff meetings and to the organisation’s governance team.

The service’s documentation established that information from complaints and feedback was used to make improvements to safety and quality systems across the service and was included in the Strategic Action Plan if appropriate.

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

Consumers said staff were kind and caring and respectful of their identity and diversity. They felt there were enough staff to support care and services and stated they had confidence staff knew what they were doing. Consumers and representatives said they were satisfied with the quality of care and with staff response to requests for assistance.

Staff stated they had enough time to complete their duties and that staff unable to attend their shifts were replaced. They received training and support from the organisation. Registered staff said they can contact the on-call registered nurse after hours or transfer a consumer to the local health service emergency department if they identified a decline in a consumer’s condition.

A review of training records established staff participated in annual mandatory training, including fire safety, manual handling and infection control. Relevant staff completed annual medication competencies and all staff attended tool box training on the Quality Standards, including training on Open Disclosure, Antimicrobial Stewardship, Risk Management and Privacy and Dignity. The Clinical Nurse consultant monitored registered staff and conducted training for registered and care staff.

Police certificate checks and staff registrations were monitored to ensure they were current.

A review of documentation established performance appraisals, refresher training in mandatory topics and competency assessments were conducted annually.

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 said the service was well run and they were involved in the development, delivery and evaluation of services. They discussed their involvement in the planning of a new 10-bed facility at the service.

The governing body met regularly to set clear expectations and review risks from an organisational and consumer perspective. There were organisation-wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The Assessment Team sighted the ‘Board of Director’s Governance Policy Manual’ that outlined the roles and responsibilities of the Board and the governance principles required to meet the Quality Standards and legislative responsibilities. Board meeting minutes demonstrated that members of the Finance, Legal and Compliance sub-committees monitored, evaluated and made recommendations on operational matters and provided quarterly reports to the Board of Directors.

The Chief Executive Officer advised the Assessment Team that a regular ‘Brief’ was provided to the Board of Directors covering human resources, budgeting requirements, funding compliance reports, capital works, audit results, risk and compliance matters, maintenance issues and work health and safety reports.

Staff and managers said they could access information when they needed it. The electronic documentation system provided staff access to consumer information. Meetings were held for all levels of staff across the service and minutes of these meetings were taken. Management also provided information to staff in emails.

Consumer feedback and clinical data analysis was reviewed at the service and results were referred to the Board. The Board used the information to identify the organisation’s compliance with the Quality Standards and to initiate improvement actions. The Chief Executive Officer advised that in response to an identified increase in care needs, a request was made to the Board in May 2020 to increase the budget to enable the employment of additional care staff, which was approved.

The Service advised that the organisation received notifications of changes to legislative requirements through subscription to an aged care peak body legal service and Commonwealth and State Health departments.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers was managed, and how to identify and respond to the abuse and neglect of consumers. A review of the consolidated records of reportable and non-reportable assaults and other reportable matters showed that all appropriate steps were consistently taken within specified timeframes.

The service provided a documented clinical governance framework, including a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy. Staff have received education on the policies and were able to provide examples of their relevance to their work.

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.*

### 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(g) – Ensure that the service has the capability to maintain a workforce at the service in the event of an outbreak of COVID-19.