Oaklands Park Lodge

Performance Report

395 Morphett Road
Oaklands Park SA 5046
Phone number: (08) 8198 0000

**Commission ID:** 6300

**Provider name:** Southern Cross Care (SA & NT) Incorporated

**Site Audit date:** 13 January 2020 to 15 January 2020

# 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.

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

The Assessment Team found consumers and representatives interviewed said 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff treat them with dignity and respect and they are able to inform staff what they want to do and staff respect that and assist them in all their personal, emotional and activities needs.
* staff are great and are like family, consumers stated some of the staff have been here a very long time and know what they need and what assistance they need to ensure they promote a quality of life, allowing them to do as much as possible for themselves.
* staff are respectful and ensure privacy is always maintained, for example staff knock on the door prior to entering and staff address them with respect and always ensure doors are closed when attending to their personal needs.

The Assessment Team were informed the service has implemented a My Safety Tool Kit which is a risk assessment and guides staff in identifying and assessing risk for individual consumers. The tool kit informs the consumer of the risk and supports staff in developing an action plan to address the risk. The service reviews and updates information in relation to how services are delivered and who is responsible for making decisions on an as required basis and six-monthly during the review process.

The Assessment team found the service has a range of policies and procedures which includes a diversity action plan to support staff in identifying consumers and supporting identities and those from a range of cultures; the ‘client choice policy’ contains information on supporting choices.

Care staff interviewed by the Assessment team described how they support consumers to make decisions and choices on a day to day basis, including in relation to the activity program, meals and during activities of daily living.

The Assessment Team observed management and staff treating consumers in a culturally respectful way.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed staff speak to them in relation to assessments and assessing care and clinical needs for all consumers.
* confirmed they are aware of the assessment process and the development of the care plan and stated they have access to the care plan if required.

The Assessment Team found the organisation was able to demonstrate effective assessment, planning and consultation processes for consumers in relation to identifying consumers’ needs, goals and preferences, and risks to consumers’ health and well-being. The organisation has policies and procedures to guide staff in assessment and planning processes.

The Assessment Team found all consumers have a completed resident focused goals form that is completed on admission and reviewed regularly through the reassessment process. These goals are personalised to each consumer.

All care plans reviewed by the Assessment Team showed evidence of assessments and care plans created by allied health services involved in the care of the consumers, for example consumers reviewed have a physiotherapy assessment completed and exercise instructions included in the care plan if required.

Staff interviewed by the Assessment Team stated on admission they assess consumer's needs, goals and preferences including completing a consent to obtain and release information form to ensure they are able to request any further documentation from consumers’ Medical Officers or specialists included in the consumer’s care.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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

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

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* confirmed the staff provide safe and effective care and they receive the care they require.
* confirmed they are able to see the Medical Officer when they need to.
* they always have access to the physiotherapists and any other allied health specialists required.

The Assessment Team found the organisation has written materials which direct clinical care delivery. The Assessment Team viewed policies and procedures, documentation, care plans, progress notes and assessments in relation to restraint, skin integrity and pain management, and confirmed that the service’s approach to each of these areas is consistent with current best practice.

The Assessment Team viewed consumer files which reflected individualised care that is safe, effective and tailored to the individual needs of consumers.

Staff were able to outline to the Assessment Team how the organisation supports them to recognise a deterioration in a consumer’s condition and to provide appropriate care, and confirmed the service has policies and procedures relating to being able to identify deterioration or changes in consumers’ personal, clinical and health needs. Nursing staff confirmed completing an incident form when consumers are identified as having an infection.

The Service provided the Assessment Team with evidence of the antimicrobial stewardship procedure. The service has policies and procedures relating to infection control and all staff clarified they receive training on a regular basis in relation to infection control.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. The service has recently implemented a new medication electronic system and staff confirmed it to be effective in assisting consumers with medication management

### 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

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* confirmed the staff knew what was important to them and they were supported to do the things they liked. If these were not offered at part of the main activity program one on one support or small groups formed to provide the activity. For example; watercolour painting facilities were provided to one consumer and a knitting group has been formed.
* confirmed they were supported to keep in touch with people who are important to them. Visitors are welcomed into the service and the lifestyle program have asked family to assist in the formation of Italian and German clubs as the service has increased their numbers of consumers from these cohorts.
* confirmed they like most of the food, it was tasty and varied, they can choose their meals at time of service and have input into the menu.
* gave examples of how they maintain contact with their community by going out shopping or walking with family and/or attending the church of their choice.

Care staff interviewed by the Assessment Team were able to describe each of the consumers in their area. The pastoral carer explained the process for consumers to be referred to her. She visits with every new consumer and consumers who have been identified by staff are referred. She picks up a list of consumers to visit when she comes in weekly and commences her rounds. All visits and consumer progress are documented in the client management system.

The Assessment Team found the organisation has a lifestyle program that takes into consideration what is important to each individual consumer. Care plans and wellbeing plans viewed are individualised, and other activities are provided for consumers whose needs are not covered by the main program. Consumers are provided with emotional and spiritual support and connected to other services when required.

Care plans sampled by the Assessment Team indicated food preferences, for example; gluten or dairy free, vegetarian and special diets and supplements. Staff are trained to provide a varied and nutritious menu into which consumers have input and choice.

## The Assessment Team observed consumers to be enjoying the activities offered.

## The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## 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 services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel they belong in the services and feel safe and comfortable. One consumer said they feel safe and staff treat them like family
* confirmed they feel at home. Representative said they are always welcome, and love to have coffee with their family members in the café or walking in the garden.
* they enjoyed the communal area. They liked the lounge and dining areas in their sections as they were homely, and they could all meet for a chat and watch the main television.
* it is homely and having a lounge dining section for each area makes it a place where you can meet your neighbours and have a chat.
* they are happy with the environment, are consulted if any changes are made; if something is broken it gets fixed as quickly as possible.

The Assessment Team viewed the service preventative maintenance plans and processes for reporting and recording unplanned maintenance. Staff provided information to the Assessment Team on how they request identified maintenance through the service’s system.

The Assessment Team observed the outdoor areas are welcoming, and consumers could be seen walking around them and sitting enjoying the fresh air. The first floor has balconies and some consumers tend the pot plants they have put on them . All the outdoor furniture has recently been replaced and was in good condition. The lounge and dining area in the dementia unit has recently had the furnishings relaced and it looks bright and functional.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* should they have a complaint they would be happy to address this with staff and said that they would feel safe to do so.
* they had not had cause to complain but they were confident that change would be implemented because of any complaints they might have.

The Assessment Team found the organisation was able to provide evidence of how they inform consumers of the process to make an internal or external complaint, for example through the admission pack, consumer meetings and through the education of staff.

The Assessment Team viewed policies and procedures which identified ways consumers can be supported to provide feedback and a Complaints management flowchart to guide staff on how to handle complaints. The comments and complaints data spreadsheet identified when a complaint is received the service responds in a timely manner. The organisation has an open disclosure policyand procedure, and a flowchart is in place to guide staff and management on how to apply open disclosure processes, and open disclosure actions taken are documented in the incident report.

Staff interviewed by the Assessment team described the organisation’s feedback and complaints processes and how they support consumers to provide feedback. Staff interviewed described how, following feedback from consumers about the garden lacking colour, colourful plants were planted at the front of the service and one of the garden areas. They also described how a consumer, who used to be a farmer, has suggested installing a rain gauge, this has been actioned.

The Assessment Team observed brochures and posters to inform consumers and others about advocacy services and external complaints processes, in English and other languages.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* there was enough staff at the service to meet their personal care and hygiene needs in a timely manner.
* staff engaged by the service are kind and caring and deliver services in a way which demonstrates respect.
* they feel safe at the service and know that the staff are knowledgeable and provide care in the best manner they can.

The Assessment Team found the service has corporate recruitment processes which are utilised to ensure only appropriately qualitied and suitable staff are engaged. The service has a history of staff retention and training is available and monitored to ensure staff remain proficient in their roles.

Staff interviewed by the Assessment Team all said they had enough time to complete their work. All shifts are filled and if someone calls in sick, agency staff are called, or staff are asked to extend their shift. When times are busy everyone works as a team to get the work done. Registered and enrolled nurses will assist on the floor when necessary. The service won an organisational award for their team work.

The Assessment team observed staff interactions to be kind, caring and respectful. Staff were observed chatting with consumers in a cheerful manner, providing cups of tea to divert behaviour, providing gentle guidance to consumers in the memory support unit, engaging consumers in one-to-one activities such as looking through magazines and pampering activities, assisting with meals and helping consumers to navigate around the facility.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. The new employee handbook has recently been updated to reflect requirement for the new Quality Standards.

## 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

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they said that other consumers come to them to ask them (consumer representative) to raise issues and they participate in discussion at the residents’ committee meetings and food focus groups.
* they are happy with how the service is managed and said they are provided with enough information to make informed choices about the care and service on offer.

The Assessment Team found the organisation has governance systems which are overseen by the Board and various Board sub-committees. The organisation has governance frameworks which include policies and procedures to guide staff in all aspects of care and has systems to enable legislative compliance and identification of best practice which informs quality care systems.

The Assessment Team were informed that although consumers are encouraged to provide feedback to the organisation about the delivery of care and services, they are not actively engaged in the development and delivery of services. A food focus group provides feedback regarding the menu and quality of meals provided. The service has a consumer representative who can provide feedback from consumers who do not attend representative meetings. The service has an organisational Consumer advisory group that works across all the sites. Management informed the Assessment Team they have been in recent discussions and looking at new initiatives regarding how consumers at the service could be more engaged in the development and delivery of services.

Staff interviewed by the Assessment Team described strategies which can be implemented to assist in reducing antibiotic usage at the service such as giving consumers prone to urinary tract infections more clear fluids and ensuring they wash their hands properly to minimise the risk of cross infection when going from room to room. Staff are aware of policies which support open disclosure and discussed their responsibility to apologise for care which does not meet consumers’ needs or mistakes made.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensures the governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

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

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

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

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

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

Effective organisation wide governance systems relating to the following:

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

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

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

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

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

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

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

# Areas for improvement

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