Ozcare Mackay

Performance Report

15 Charlotte Street
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**Commission ID:** 5767

**Provider name:** Ozcare

**Site Audit date:** 6 April 2021 to 9 April 2021

**Date of Performance Report:** 18 May 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
* The providers response to the Site Audit report received 7 May 2021.
* Other information and intelligence held by the Commission in relation to 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 that consumers were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose.

* Consumers/representatives said staff were kind, treated the consumers with dignity and respect, and valued their individual identities. They advised consumers were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships.
* Consumers from culturally and linguistically diverse backgrounds said their cultural identity was respected, even though they did not express a need to be supported with any specific cultural interests and preferences.
* Consumers advised they were supported to take risks to enable them to live the best life they could and confirmed consumers’ personal privacy was respected.
* Consumers/representatives reported they were provided with information to assist consumers in making choices about their care and lifestyle, which included current events occurring inside and outside the service, meal selections, daily activities and access to health professionals.

Reviewed care planning documentation demonstrated the service had identified and captured individualised information relating to consumers’ needs, goals and preferences; this included religious, spiritual, and cultural considerations and preferred activities. Risks associated with these activities were identified through the completion of assessments and discussed further with the consumer/representative, which provided consumers the opportunity for choice and informed decision-making related to their care and services required. Identified barriers to communication such as impaired vision, hearing, speech or cognition were documented, together with interventions to support consumers’ communication needs, including the use of aids.

Staff demonstrated they were familiar with consumers’ backgrounds and described ways they enabled and supported consumers’ lifestyle choices and preferences on a day-to-day basis; they showed respect and an understanding of consumers’ personal circumstances and life journey. Staff understood consumers’ relationships within and outside the service. Management demonstrated that consumer choices and decisions were supported through the care planning process, consumer meetings and case conferences.

The Assessment Team observed staff were knocking on doors before entering rooms and closing doors when care was being provided. They observed documentation for consumers was kept secured in locked work areas and computers used by staff were 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 considered they felt like partners in the ongoing assessment and planning of the consumers’ care and services.

* Consumers/representatives said they were involved in initial assessments upon entry to the service and ongoing planning of the consumer’s care.
* Consumers/representatives advised they were informed about the outcomes of assessment and planning, and they had access to the consumer’s care and services plan.
* Consumers/representatives said the service had discussed end of life planning with the consumers to understand their wishes and preferences.

Reviewed assessment and care planning documentation for sampled consumers identified individual consumer’s current needs, goals and preferences were identified together with the required assistance and interventions; this included the management of personal/clinical risks. Sampled consumers’ care documentation reflected the preferred person that was to be involved in care planning/evaluation processes and included advanced care and end of life planning. Consumers’ assessments and care plans were reviewed as scheduled, and their care plans were updated after a change in their care needs or circumstances was identified.

Organisational and service policies, procedures and guidelines were available to guide staff practice in relation to assessment and care planning for consumers, which included the consideration of individual risk. The clinical management team advised consumers/representatives were involved in the assessment and care planning process through care plan reviews, annual reassessments and reviews, and case conferences.

Staff advised consumers were referred to specialist practitioners when assessment processes identified they were at risk. Staff said they regularly communicated with consumers/representatives about consumers’ changed and ongoing care needs to determine their satisfaction with care delivery and planning. Staff were aware of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which might prompt a reassessment.

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 received clinical and personal care that was safe and right for them.

* Consumers/representatives confirmed that consumers received the care they needed, and it supported the consumer’s health and well-being. Consumers/representatives said the service supported them to understand and make informed decisions about personal and clinical care to meet the consumer’s needs and preferences.
* Consumers/representatives advised consumers had access to a medical officer or other health professionals when this was required, and said referrals occurred promptly.
* Consumers/representatives gave examples of how staff ensured the care consumers received was right for them, this included regularly asking them about the consumer’s care and the way it was delivered.

The organisation had policies, procedures and guideline tools in place that supported the delivery of care provided. The organisation had a risk management framework that guided how risk were identified, managed and recorded. Policies and procedures were available to all staff regarding risks associated with care of consumers; these included procedures to guide staff in minimisation of infection related risks.

Review of consumers’ clinical documentation identified care provided was safe, effective and tailored to specific needs and preferences of the individual consumer. High impact and high prevalence risks were effectively managed by the service, strategies were implemented to minimise risk, and these were documented in consumer care plans to guide staff practice. Deterioration or change of a consumer’s condition was recognised and responded to in a timely manner; this included timely referrals to the medical officer, appropriate allied health professionals and other providers of care and services.

Staff demonstrated an understanding of individual consumer’s care needs, and their role in relation to monitoring, reporting and addressing these requirements. Staff had a shared understanding that restraint is a last resort intervention and could describe alternative interventions they implemented to settle consumers who were agitated or distressed. Staff were able to describe how information was shared; and how changes in consumers’ care and services were communicated. Staff reported on training received on infection minimisation strategies at orientation, and in relation to infection control measures pertaining to COVID-19 precautions.

The service trended, analysed and responded to high impact and high prevalence risks; clinical indicators were discussed at the service’s monthly meetings and were used to identify improvements in the delivery of consumer care.

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 considered consumers got the services and supports for daily living that were important for their independence, health, well-being and quality of life.

* Consumers/representatives interviewed confirmed consumers were supported by the service to undertake lifestyle activities of interest to them and maintain contact with those people who were important to them.
* Consumers said that staff were kind and caring and they were comfortable raising issues with them or management, should the need arise. Consumers reported staff supported them to telephone their family or friends for comfort if required.
* Consumers who are married or in relationships were enabled to reside in rooms alongside each other and they described in various ways how staff supported them in these relationships including maintaining and promoting their privacy and dignity and keeping them advised of their partner’s health status.
* Consumers advised they enjoyed the food offered, it was varied and of suitable quality and quantity.

Care planning documentation included information about the services and supports they needed to help them do the things they wanted to do. Care planning documents included an overview of the consumer’s personal history and encompassed work and family histories; activities of interest to them including family visits or events; and personal relationships of importance to the consumer inside and outside the service. Consumers’ dietary needs and preferences were updated in accordance with any changes and communicated to catering staff.

The diversional therapist said the activities calendar was developed in conjunction with the consumers. Staff described how they engaged with volunteers and community groups to develop and provide additional activities consumers’ enjoyed. Staff provided examples of how the service met the emotional and psychological needs of consumers; they explained how their knowledge of consumers enabled them to identify any change in mood or emotional need in consumers. Staff advised on ways in which they shared information and were kept informed of the changing condition and needs of each consumer.

Management advised the service had several facilities that consumers and their visitors were able to use to enable them to spend meaningful time together; this included an onsite café. Consumers were observed to be engaged in a variety of group and individual activities during the Audit. The Assessment Team observed meal service in dining rooms, delivery of meals to consumers in their rooms and interactions between care staff and consumers who appeared to show enjoyment and were providing feedback regarding the meals.

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 felt they belonged in the service and felt safe and comfortable in the service environment.

* Consumers/representatives interviewed said they were satisfied with the living environment. They advised the service was clean and easy to navigate; equipment and furniture provided was comfortable, clean and well-maintained, and suitable for consumers’ needs.
* Consumers said they felt safe at the service, are not disturbed by other consumers and they could have privacy if they wished. They stated they could decorate and individualise their rooms as they wished.

The Assessment Team observed that the service environment was welcoming, and the building design was accessible and easy to navigate for consumers. Consumers were observed to be utilising the communal areas available throughout the service and engaging with each other. Fire safety equipment and illuminated exit signage was in evidence. The outdoor areas had level pathways for access with mobility aids, suitable furniture and shelter for weather conditions.

Maintenance staff described both reactive and proactive processes to ensure the service environment was safe and well-maintained. Those processes included undertaking reactive maintenance when reported by staff or consumers and ensuring work reported was monitored until completion. Proactive maintenance was regularly scheduled to ensure the environment and equipment remained safe and operational. Staff could discuss the processes for reporting maintenance and safety issues if they were identified during their work or by consumers.

Cleaning was observed being undertaken and staff could discuss the cleaning processes in place to manage infection control and prevention. Serveries, laundry, equipment and cleaning storage rooms were observed to be clean and well maintained with materials and chemicals appropriately stored.

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

Most consumers and representatives considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

* Most consumers/representatives said they were encouraged and supported to provide feedback regarding care and services. While most consumers/representatives were not aware of the service’s formal process for raising a concern or a complaint, they said they felt safe raising any issues directly with management and staff should the need arise.
* Most consumers/representatives were satisfied with the service’s response to feedback provided and felt confident that should any issues be raised, they would be promptly resolved by the service.

The service demonstrated they generally had an effective system for dealing with feedback and complaints which informed continuous improvement in care and service delivery. The service actively sought feedback on care and services through the completion of monthly Consumer Experience Surveys conducted by management; once completed the surveys were analysed, trended and actions implemented to address any areas of concern.

Staff interviewed could describe the avenues available to consumers to provide feedback or raise a complaint. They described how they acted as advocates for consumers by communicating concerns to management on their behalf, encouraged them to provide feedback and assisted consumers to complete feedback forms as required. Staff were aware of how to access interpreter and advocacy services but advised they have not needed to access these for consumers yet.

The Assessment Team reviewed the service’s written materials, such as the consumer handbook, application pack, feedback forms and brochures provide information about how to make complaints, and contact information for external complaints agencies, advocates and language services.

Minutes of consumer meetings and survey results demonstrated compliments and complaints are captured and addressed. However, review of the service’s complaints register and plan for continuous improvement demonstrated information on complaints received via different avenues, and actions planned and implemented to improve outcomes and prevent recurrence, were not consistently captured as outlined under its complaints management policy. Management included an action item under the service’s plan for continuous improvement to address and rectify this. I am satisfied these planned actions will address the deficiencies identified at the Audit.

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 and representatives considered consumers received quality care and services when they needed them and from people who were knowledgeable, capable and caring.

* Consumers/representatives felt there were sufficient staff to meet the consumers’ needs, described care and service being provided in line with the consumers’ stated preferences and said staff were available if needed.
* Consumers/representatives said staff were kind and caring and expressed confidence in the quality of care and services they received, stating staff were knowledgeable and well trained.

Management demonstrated staffing levels were reviewed and adjusted in line with consumer care needs and when feedback from consumers/representatives or staff had been received. The organisation supported the service with several strategies to build capacity in relation to staffing numbers, which included an on-going state-wide service agreement in place with a staffing agency that supplied nursing and care staff, and the service was actively recruiting registered and care staff.

Staff had access to a range of education and training programs via the service’s online learning platform and face to face training sessions, with staff completing annual mandatory training modules as a requirement of their role. Management advised that the organisation’s orientation training package had been updated to include information on Serious Incident Response Scheme and was now available via the online learning platform. The service’s call bell response times were reviewed weekly by the clinical management team and discussed weekly with staff during meetings held in each care area.

The Assessment Team observed staff interactions to be kind, caring and respectful. Staff advised they attended orientation, completed a series of ‘buddy shifts’ upon commencement in their role and confirmed they had met with management during their probationary period to discuss their performance and future development. Staff confirmed they had access to a large suite of education modules and resources via the organisation’s online education platform and intranet. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills and knowledge.

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 considered the organisation was well run and that they could partner in improving the delivery of care and services.

* Consumers/representatives provided examples of how they have input into how care and services are delivered through informal discussions with staff, case conferencing, surveys, feedback forms and consumer meetings.

Management could describe ways in which consumers were actively engaged in the development, delivery and evaluation of care and services and were supported in that engagement. Management demonstrated that the governing body promoted and was accountable for a safe and inclusive culture and were satisfied that the Quality Standards were being met within the service through established systems and processes.

The service demonstrated it had effective information management systems to provide all staff with relevant and current information to help inform their roles competently. The governing body met regularly, set clear expectations for the organisation and regularly reviewed risks from an organisational and consumer perspective. All operations were reviewed by the organisation’s risk and compliance teams to support and align activities with regulatory requirements, to ensure safe and quality care was delivered.

There were organisational governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. The clinical governance framework addressed anti-microbial stewardship, best practice and minimising the use of restraint. Staff interviewed demonstrated a shared understanding of these concepts and could explain how they were applied in their daily practice.

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

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.