Raffles Assisted Aged Care

Performance Report

2 Peregrine Way
TWEED HEADS SOUTH NSW 2486
Phone number: 07 5523 9400

**Commission ID:** 0564

**Provider name:** McKenzie Aged Care Group Pty Ltd

**Site Audit date:** 21 June 2021 to 24 June 2021

**Date of Performance Report:** 22 July 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. They provided examples of how staff made them feel valued by knowing their preferences and by having an understanding of what is important to them.

Consumers and representatives said that the service encouraged consumers to do things independently, including taking risks which enables them to live the best life they can. Consumers and representatives said they are provided with information which enables the consumer to make decisions, including who is involved in their care, their participation in activities and selection of meals aligned with their personal preferences.

Consumers confirmed their personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality.

Staff demonstrated an understanding of individual consumer’s lifestyle preferences and culture, and how this influence the delivery of care and services. Staff described how consumers are supported to make informed choices about their care and services, including maintaining relationships of choice.

Staff described different ways information is provided to consumers in line with their communication needs and preferences, such as displayed on notice boards within the service. Staff said they demonstrate respect of consumers personal privacy by knocking on doors, gaining consumers permission to provide cares and ensuring doors are closed when providing care to consumers.

Review of care planning documented reflected the diversity of consumers, including information regarding consumers’ background, identity and cultural practices.

The organisation has a Diversity Action Plan and Care Diversity Framework that defined the organisation’s expectations of what it means to treat consumers with respect and dignity. Staff had undergone specific training in relation to diversity and inclusion.

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 expressed that they felt like partners in the ongoing assessment and planning of consumer’s care and services. They said the service involved them in initial assessments on entry to the service and ongoing planning, and confirmed the outcomes of assessment and planning are communicated to them.

Most consumers and representatives said they had received, or were aware they can request a copy of, the consumer’s care and service plan.

Registered staff described the service’s assessment and care planning process, including how risks to the consumer’s health, safety and wellbeing are identified through the assessment process. In relation to consumers advanced care planning and end of life care, registered staff said they approach the conversation when there is a change in consumers care needs.

Staff described what is important to individual consumers in terms of how their personal and clinical care is delivered, including needs, goals and preferences. Staff said information about new consumers and updates regarding a change in consumers’ care needs, including outcomes of assessments are communicated at shift handover, through review of consumer care planning documentation and directly from registered staff.

Review of care planning documentation identified consumer’s needs, goals and preferences, including consideration of individual risks is documented to inform the delivery of safe and effective care and services. Care planning documentation evidenced regular review and the involvement of consumers and representatives, and other professionals, such as Medical Officers and Allied Health professionals.

The organisation had a suite of documented policies and procedures to guide staff in relation to relation to consumer assessment and care planning, including advanced care planning and referrals to other organisations and providers of care.

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 considered that consumers received personal and clinical care that is safe, is right for them, and supports their health and wellbeing. Consumers and representatives expressed satisfaction that consumers had access to Medical Officers and other health professionals if required, and consumers needs and preferences were effectively communicated between staff and other providers of care and services. Consumers and representatives expressed confidence that the service will support them to be pain free and will maximise their comfort when nearing end of life.

Management described how the service ensured personal and clinical care is safe, effective and best practice including the use of validated assessment tools; care plans document consumers’ needs, goals and preferences to guide care delivery, includes individualised strategies to minimise risk; the service rosters a Registered Nurse 24 hours a day, across seven days of the week; Management review consumers progress notes daily to ensure staff follow directives outlined in consumer’s care and services plans. Clinical indicators are reviewed monthly for trends and discussed at staff meetings; and the service completed scheduled internal clinical audits with outcomes from these audits analysed and improvements actioned as required.

Registered staff said they notified the Medical Officer and representative when there are changes in a consumer’s condition including following an incident or change in medication.

Staff described the personal and clinical care needs of individual consumers, including how high impact and high prevalence risks are managed. For example, for one named consumer staff described strategies used to support the consumer when they were experiencing challenging behaviours such as one on one interaction, providing reassurance and redirecting to activities of enjoyment. Registered staff identified the importance of time critical medications, such as those a named consumer who has a diagnosis of Parkinson’s disease. Staff described the way care delivery changes for consumers when they are nearing end of life, and demonstrated an understanding of how to access information regarding a consumer’s end of life preferences.

Staff demonstrated an understanding of the principles of anti-microbial stewardship and confirmed they had received education in relation to infection control and COVID-19.

Care planning documentation reviewed by the Assessment Team established that consumers’ personal and clinical care, including end of life care, was safe and effective. The documentation identified consumers’ high impact and high prevalence risks, including falls, nutrition and urinary catheter management, and evidenced the effective management of such risks. Appropriate and timely referrals to other health care providers was also evidenced in the documentation.

The Assessment Team reviewed the care documentation for consumers prescribed psychotropic medication for the purposes of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints had authorised consents for the restraints.

The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies and procedures are available for staff pertaining to specialised clinical care procedures and the risks associated with the care of consumers, including but not limited to catheter management, eternal feeding, complex wound management, infection control, and falls prevention and management.

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

Consumers and representatives said consumers are supported by the service to participate in activities of their choosing and are engaged by staff to do things of interest to them, including keeping in touch with people who are important to them. Consumers and representatives said referrals to other organisations and providers of services and supports, including to promote each consumer’s emotional, spiritual and psychological well-being, have been timely and appropriate.

Consumers said they receive accurate and timely information that allows them to make decisions as to how they spend their day, including what food they may choose to eat. Consumers provided positive feedback about the food served and said it was of adequate quantity, quality and variety.

The Lifestyle Coordinator said the activities calendar is developed monthly using assessment information, speaking with consumers and noting activities enjoyed by consumers. For example, the service had introduced a number of activities identified by consumers that are of interest to them such as karaoke, morning tea and painting activities.

Management said the organisation is currently reviewing lifestyle programs across the services, with consideration given to extending the program into the evening and improve access for consumers. Care staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life.

Care planning documentation contained detailed information about consumers’ past life and interests, activities of interest and information on relationships the consumers wished to maintain. The documentation also contained information about consumers’ spiritual and cultural beliefs and whether they wish to attend pastoral services.

Staff said they had access to the equipment they needed and the equipment was maintained. Review of maintenance documentation provided to the Assessment Team identified scheduled preventative and reactive maintenance, which includes equipment maintenance, had been completed.

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 and representatives said that consumers felt safe and at home at the service, and the service was clean and well-maintained. Consumers and representatives said the service environment is welcoming and visitors are encouraged to participate in activities. Consumers described how they access activities in the service and can access quiet areas and garden areas if they wish.

Staff described adequate levels of equipment, that was well maintained and confirmed that any repairs and maintenance issues are completed promptly. Staff confirmed the service has processes for reporting and responding to maintenance issues including by documenting in the maintenance register located at reception or telephoning or emailing the maintenance officer if there were issues that required immediate attention.

The service environment was observed to be welcoming, and consumers rooms were decorated with personal items such as photographs and other personal belongings. Communal areas included outdoor gardens and seating areas, and other quiet sitting areas within the service including a library and Japanese garden space.

The Assessment Team reviewed maintenance registers that identified maintenance issues are addressed in a timely manner, and regular maintenance of the service environment is completed.

The Assessment team observed furniture to be clean, safe, well maintained and suitable for consumers.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives considered they are supported to provide feedback and make complaints, and that appropriate action is taken by the service. They said they felt safe and supported to provide feedback, either anonymously through the use of feedback forms or with the support of management and staff. Consumers and representatives who had provided feedback or made a complaint expressed satisfaction with the response from the service. Consumers and representatives demonstrated an understanding of the internal and external feedback and complaints mechanisms.

Management described the service’s processes to support consumers in providing feedback or make a complaint, such as at consumer meetings, via feedback forms and consumer surveys. Management provided examples of actions taken in response to complaints made by consumers and representatives which evidenced a timely resolution, appropriate actions taken, and application of an open disclosure process. Management confirmed an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process. Management said the service trends and analyses feedback and complaints made by consumers and representatives and uses these to inform continuous improvement activities across the service.

Staff said they received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology.

The organisation had a suite of documented frameworks, policies and procedures which guided staff in documenting, investigating, resolving and evaluating feedback and complaints made by consumers and representatives including applying an open disclosure process where appropriate.

Review of information provided by the service to the Assessment Team identified that the service documents feedback and suggestions received from consumers and representatives, appropriate and timely action is consistently taken, and an open disclosure process is applied.

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 that consumers’ received quality care and services when they need them and from people who are knowledgeable, capable and caring. They said staff are kind, caring and respectful of consumer’s identity, culture and diversity. Consumers and representatives expressed confidence that staff are adequately trained and are competent and capable in their roles.

Most consumers and representatives said there is sufficient staff to support and deliver consumers care and services in a timely manner. Whilst some consumers and representatives said that on occasion staff do not promptly attend to calls for assistance, they were not of the view that this had negatively impacted the delivery of consumers’ care and services.

Management described the service’s processes for filling of emergent leave including replacing by permanent staff of the same role, utilising a casual pool of staff, and/or sourcing staff from other services operated by the organisation. Management described how they determine whether staff are competent and capable in their role, which includes minimum qualifications for respective roles, orientation on commencement of employment, mandatory training and core competency programs. Staff performance is monitored through self-reflection processes, feedback from consumers and representatives and input from other staff members. In addition, the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies.

Staff expressed satisfaction that there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences. While some care staff said on occasion, they feel rushed when delivering care and service, they said support and assistance from fellow care staff, registered staff and senior clinical personnel is readily and promptly provided when requested. Staff expressed satisfaction with training provided and review of training records confirmed staff have completed mandatory training and core competency assessments.

The organisation had documented policies and procedures relating to human resource management which outlines processes to be implemented at the service to ensure staff are equipped, trained and supported to meet the needs and preferences of consumers across all areas of service delivery. For example, defined position descriptions for all positions at the service, mandatory training and core competency requirements, and processes to monitor staff performance and rectify any training or knowledge deficiencies as required.

Observations made by the Assessment Team during the Site Audit included, prompt response by staff to consumers’ requests for assistance; medications administered as scheduled; meals served on time and scheduled services and activities occurring at designated times.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives considered the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives sampled said they can be involved in the development and evaluation of care and services through consumer meetings, consumer experience surveys, and by utilising complaints and feedback mechanisms.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The governing body meets regularly, sets clear expectations and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

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

The organisation has developed an organisational governance framework which encapsulates a clinical governance framework and directs the application, monitoring and management of clinical processes at a service and organisational level.

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.