Regis Ayr South

Performance Report

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**Commission ID:** 5073

**Provider name:** Regis Aged Care Pty Ltd

**Site Audit date:** 17 August 2021 to 19 August 2021

**Date of Performance Report:** 21 September 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

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

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall 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. For example, staff know consumers as individuals, treat them with respect and dignity and value their individual identities. The service supports consumers to be independent, exercise choice and make decisions about care and services provided, including supporting consumers to take risks to remain socially and physically independent. Consumers and representatives confirmed consumer’s personal privacy is respected.

Staff demonstrated an understanding of consumers’ background, culture, values and beliefs and how this influenced day-to-day care and services. For example, staff were aware of one named consumers’ choice to participate in significant cultural, and a second named consumer who likes to engage in religious events. Staff described ways they enable and support consumers’ choices and preferences, including maintain relationships of importance to the consumer.

Staff demonstrated an understanding of how the service supported consumers who choose to take risks and explained how the service discusses the risks with the consumer and representatives.

Staff described various ways the service provided information to consumers including through noticeboards, verbal and written communication and newsletters. Staff said consumer information is stored in password protected computers or locked work areas and only accessible by appropriate personnel.

Review of care planning documentation for consumers who choose to exercise choice and had expressed a desire to take risks, identified reviews by relevant health professionals; risk assessments; case conferences with the consumers and representatives to discuss their choices and the associated risks. Where required, the service completed Dignity of Risk forms to document risks discussed during the case conferences and the decisions made by the consumers and representatives. Care planning documentation identified consumers with impaired vision, hearing, speech or cognition and documented interventions to support consumers’ communication needs, including the use of aids.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through attendance at consumer meetings where consumer feedback is encouraged.

The organisation had documented policies and procedures to guide staff practice relating to consumer choice, risk assessments and risk management strategies.

The Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy, including staff knocking on consumers’ doors, waiting for a response prior to entering the room, and discretely attending to consumers when in communal areas.

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 that are partners in the ongoing assessment and planning of the consumers’ care and services. They expressed satisfaction with the information provided, and their involvement in care planning processes. Consumers and representatives said they are informed about the outcomes of assessment and care planning and can access the consumer’s care and services plan if they wish.

Consumers and representatives said the service seeks input from other providers who are involved in the consumer’s care, including Medical officers and other health professionals as required. Consumers and representatives said they had either made their end of life wishes clear or did not wish to discuss, however they would be comfortable to approach the clinical staff or management if they needed.

Registered Nurses demonstrated an understanding of the service’s assessment, care planning and evaluation process including consideration of consumers risk. The Clinical Care Manager described how they approach conversations about end of life and advanced care planning prior to the consumer’s entry to the service as part of the initial assessment and at scheduled three monthly care plan reviews or as consumer needs or preferences change. Staff described how other individuals and care providers are involved in consumer assessment and care planning. For example, consumers are reviewed by a physiotherapist via internal referral after a fall or near miss, to identify if there are any immediate changes to the consumers care needs.

Care staff said consumers’ current needs were documented in care plans and confirmed they have access to care plans either in a paper copy or electronically. Care staff described what is important to individual consumers in regard to how their personal and clinical care is delivered, including their needs, goals and preferences. Care staff said they are advised at shift handover of any changes in consumers’ health and well-being, including if a consumer is referred to another health professional.

Consumer assessment and care plans are completed on entry to the service and included identification of consumer risks/s and individual consumer’s needs, goals and preferences. Consumers assessment and care planning is regularly reviewed in partnership with the consumer and representative, including when there were changes in consumer’s condition. Care planning documentation identified consumer’s individual risk/s are assessed and care plans are reviewed and updated to included strategies to minimise risks.

The service had policies and procedures to guide staff in the assessment and planning process, including assessment of risk and assessing consumer care at the end of life.

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 consumers received personal care and clinical care consumers that is safe and right for them. Consumers and representatives expressed satisfaction that consumers needs and preferences are effectively communicated and referrals to Medical Officers and/or other health professional were timely in response to consumers changing personal and/or clinical care needs.

Consumers and representatives expressed confidence that when the consumer requires end of life care, the service will support them to be as free from pain as possible, have those important to them with them, and arrange for others they have requested to attend to them as part of their end of life care.

Staff described the individual needs, preferences and clinical and/or personal care risks for individual consumers and how these are being managed or monitored. For example, care staff described how they delivered pressure area care to consumers, including repositioning, hygiene care, emollient creams, regular toileting and continence management, and pressure relieving equipment to optimise a consumer’s skin integrity. Care staff report new skin tears, areas of redness, and feedback on overall skin integrity to registered staff.

Staff described the high impact and high prevalence risks for consumers at the service, including falls, pain management and risk of infections; and review of care documentation identified individual consumers risks and strategies to minimise these risk/s. Registered staff described actions that would be taken if a consumer showed signs of deterioration, including notifying the Medical Officer and representative, support from the service’s on-call management and transferring the consumer to hospital if appropriate.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The Assessment Team reviewed care documentation for consumers prescribed psychotropic medication for the purpose of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers residing in the services secure living environment had authorised consents for physical restraint.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restrictive practices, wound management, pain management and end of life care. The service had implemented policies and processes related to antimicrobial stewardship, infection control and outbreak management to guide staff, including a nominated Infection Prevention and Control Lead who had completed training as required by the Department of Health.

The service had systems and processes to monitor care delivery including monthly clinical incident reporting, analysis of incidents and staff training to support best practice.

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 get 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. They felt supported to maintain social and emotional connections with those who are important to them, are supported by the service to do things of interest to them, including participating in activities as a part of the service’s lifestyle program and activities outside the service environment. For example, going to the local shopping centre and going out with family. Consumers and representatives said staff are supportive when a consumer is feeling low. For example, one named consumer advised staff know them well and they are comfortable to talk to staff.

Consumers provided positive feedback in relation to food and confirmed it was of adequate quantity, quality and variety. Consumers’ advised equipment they use such as mobility aids, and communal televisions are well maintained, clean and safe.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. Lifestyle staff said the service develops a monthly activities calendar using assessment information and noting activities enjoyed by consumers. Consumers are supported to participate in community groups and events, and community groups visit the service where possible including a volunteer group who provides musical performances.

Staff are informed of any changes in consumer’s lifestyle arrangements or their emotional well-being through shift handovers and lifestyle notices.

Catering staff advised the service utilises a four-week menu which is reviewed by a dietician in line with the organisations policy. The menu is discussed with consumers at the consumer meeting, and feedback and suggestion to the menu which is escalated to the organisation catering department to include in menu planning.

Care planning documentation included information about consumers activities of interest, evidence of participation in activities and information about relationships consumers wish to maintain. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they have access to equipment used to provide and support lifestyle services and the equipment is suitable, clean and well mainted at the service.

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 considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. For example, consumers and representatives said the service is clean and well maintained and consumers are supported to personalise their rooms to their liking.

Staff described the process of reporting maintenance requests, including when a hazard or risk to staff or consumers that had been identified. Staff documented maintenance issues in the maintenance books available in all areas of the service.

Maintenance staff attend consumer meetings to seek feedback and identify any changes to a consumer's room or the service environment.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. Consumer rooms were personalised and decorated to reflect their individuality.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner. Cleaning schedules were completed according to set dates and were reviewed by appropriate personnel.

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 expressed they felt comfortable in raising concerns and providing feedback. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner, and expressed satisfaction with the outcome of their feedback.

Consumers and representatives described a variety of ways they could safely raise their concerns including use of feedback forms, consumer surveys and by speaking directly to staff or management. The service also provided information for consumers and representatives in relation to external advocacy support services.

Management advised information regarding feedback and complaints processes are discussed with consumers during consumer and representative committee meetings; and/or informal meetings with consumers and representatives. Management described the process used to respond to complaints, including the applying of open disclosure in the event consumers raise concerns or make a complaint.

Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint. Staff said if they can, they resolve complaints immediately within the scope of their role, however if the issue could not be resolved, they would inform Management. Staff demonstrated an understanding of an open disclosure process including providing an apology and offering an explanation. Review of training records identified staff had received training in open disclosure practices.

The service reports consumer feedback via an electronic reporting system and this can be accessed by the organisation’s governing body.

Review of consumer meeting minutes demonstrated consumers are encouraged to provide feedback about matters including but not limited to the quality of care, improvements, meals and activities within the service.

The service had an Open Disclosure policy and procedure to guide management and staff in relation to complaints management.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers said they receive quality care and services when they need them from staff who are knowledgeable, capable, kind and caring. Consumers confirmed staff are respectful of their identity, culture and diversity and provided examples such as staff addressing consumers by their preferred name. Consumers and representatives considered that there were adequate staff and were satisfied with response to call bells. They said staff at the service had appropriate skills and training to provide care and services.

Staff confirmed there are sufficient staff to provide consumers care and services and they are provided with support from Registered Staff if needed. Staff advised training is provided through online modules and at meetings, and staff can request further education and training if required. Staff at the service had completed training in Incident Management Systems, Serious Incident Response Scheme and COVID-19.

Management described the service’s processes for filling of emergent leave including offering staff additional shifts prior to utilising agency staff. Management described how the service’s recruitment, selection, training and management processes ensured staff are appropriately qualified with the skills required to perform their roles. For example, annual performance reviews, mandatory training programs, orientation on commencement of employment and monitoring of professional registrations and national criminal history checks.

Management said staff are monitored formally through appraisals, incident analysis, other staff and consumer feedback; and staff practice is monitored daily through direct observation.

The service has position descriptions specifying the core competencies and capabilities for each role at the service. The organisation has a performance framework supported by policies to guide management.

Observations made by the Assessment Team during the Site Audit included, staff assisting consumers in a kind, respectful manner which was not rushed.

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 considered that they are involved in the development, delivery and evaluation of care and services and are encouraged to be involved in decisions about their care and services. Consumers and representatives said they are engaged via the monthly consumer meetings and provided examples of changes made in lifestyle activities and meal options from feedback provided.

Management described how consumers and representatives are engaged in consultation processes, providing an opportunity for consumers to contribute to service wide outcomes such as renovation projects for a new laundry and catering servery area.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The Board is the governing body and had overall accountability for consumer safety, care delivery and system governance. The organisation demonstrated reporting and communication process to the Board including through internal audits, feedback and complaints reporting, consumer surveys, clinical indicators, and clinical care and quality reports.

The service had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to risk management, antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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