Regis Blackburn

Performance Report

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**Commission ID:** 4471

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

**Site Audit date:** 30 March 2021 to 1 April 2021

**Date of Performance Report:** 4 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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 provider’s corrective action plan dated 30 March 2021.

# STANDARD 1 COMPLIANTConsumer 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers and representatives considered consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and can live the lives they choose. For example:

* Consumers and representatives expressed satisfaction that consumers are treated with dignity and respect.
* Consumers and representatives described how staff respect the consumer’s culture, values and diversity. This includes a consumer’s culture influencing how staff deliver their care.
* Consumers and representatives are satisfied with consumers’ choices and preferences for care and services.
* Consumers and representatives are satisfied that consumers are supported by staff to take risks and live the best lives they can.
* Consumers and representatives are satisfied that consumers’ personal privacy is respected, and their personal information is kept confidential.

Staff spoke of individual consumers’ choices and maintaining relationships inside and outside the service and of its importance to consumers. Staff described areas in which consumers want to take risks and how each consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Management and staff were able to demonstrate practices as to privacy, dignity and confidentiality.

Staff were observed treating consumers with dignity and respect. Staff were observed offering consumers choices and providing information to inform those choices in a variety of situations.

Care planning documentation reflected consumers’ cultural needs and individual preferences. Care planning documentation showed examples of consumers' choices documented in their care plans. The organisation has policies and procedures in relation to keeping personal information confidential.

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 COMPLIANTOngoing 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives described how nursing staff assess their risks and identify their care needs to ensure their care is safe and meets their needs.
* Consumers and representatives are satisfied with how the service consults them about the care and services they receive.
* Most consumers and representatives could not recall having a formal meeting about their care plan, nor did they know how to access their care plan.
* Consumers and representatives said they were satisfied with the level of communication from the service when there has been a change in a consumer’s care needs or when there has been an incident.

Care planning documents provided evidence of initial and ongoing assessments and risk assessments that meet the changing needs and preferences of the consumers sampled. While some care plans contain generic information, management stated that assessments contain more individualised information.

Consumers’ needs, goals and preferences are considered in the care planning process and are documented. Advance care directives are completed on entry to the service and provide information on the consumers’ wishes for their end-of-life treatment and care. Staff demonstrated an understanding of consumers’ needs and goals which was consistent with care planning documentation.

Assessment and care planning documents reflect input from consumers and/or their representatives as well as specialists involved in the care of the consumer. These include geriatricians, medical practitioners, allied health professionals, a wound consultant, medical specialists and the leisure and lifestyle team.

Risk assessments contained signatures of consumers and/or their representatives. Access to care plans is facilitated when requested with consumer/representative feedback indicating the care plan provided is not easy to understand. Management raised a continuous improvement action plan following this feedback.

Assessment and care planning documentation is reviewed regularly, when changes occur or following incidents.

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 COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Most consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers said they usually get the care they need and provided positive feedback about care provide by staff.
* Consumers and representatives are satisfied that the staff are aware of consumer needs and their preferences.
* Consumers and representatives confirmed they have access to their medical practitioner and/or other health professionals as needed.

Consumer files demonstrated that most consumers receive safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being. Examples for different clinical needs demonstrated, where there is individualised risk relevant to that consumer, this is effectively managed by the service.

Care documentation reflects the needs and wishes of consumers nearing the end of life including the circumstances in which consumers want to be transferred to hospital, or whether the consumer wants resuscitation attempted. Palliative care is provided in accordance with consumer and or representative wishes to ensure all needs are met. Staff described how consumer care changes towards the end of life and ways in which comfort is maximized.

Staff were able to provide feedback on how to identify and monitor deterioration, and consumers’ overall feedback expressed they felt staff would know what to do in the event their health needs changed.

The service has effective processes to document and communicate information about consumers’ conditions, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with, and have access to the information they need.

The service has established working relationships with other health care professionals and services. Consumer files show timely and appropriate referrals with recommendations reflected.

Outbreak prevention and management is generally effective. Consumers’ infections are identified and managed. The service has relevant policies and an outbreak management plan. Antibiotic prescription is minimised.

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 COMPLIANTServices 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service. Staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall, consumers considered that they 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. For example:

* Consumers said staff are supportive when they are feeling low.
* Consumers described how they are able to do things of interest either within or outside of the service and maintain social connections and how the service supports them to maintain family and social connectedness.
* Consumers and representatives provided examples of how information about consumer’s conditions, needs and preferences is shared effectively.
* Overall consumers and representatives expressed satisfaction with the quantity, quality and variety of food and that they provide feedback about catering.

Care plans describe consumer activity preferences as well as the support that may be required such as reminders, additional encouragement or physical assistance to attend. Ongoing evaluation of lifestyle needs is reflected in a wellness check, evidenced in progress notes, and completed every two months or earlier as required if a change in need is identified. Staff described how the lifestyle program identifies individual consumer goals and preferences and supports the consumer’s quality of life and how consumers are assisted to engage in individual activities.

Care plans include information about consumers' religious and spiritual needs. Staff described how they get to know individual consumers and what they can do if they appear to be feeling low.

Care plans identify people of significance and include information about how consumers who participate in the external community are supported to do so. Staff described the ways they help consumers to maintain connection with their friends and family.

Care planning documents contain clear and up to date information about consumer needs and preferences. Staff described how they access the care plans to understand individual consumer needs and preferences as well as how they are informed when needs change.

Care planning documents show timely referral and support provided by individuals and organisations for consumer participation and wellbeing. Lifestyle staff described links with a range of community groups to enhance consumer experiences.

Consumers throughout the service were observed using a variety of lifestyle equipment and resources that were clean and in good repair. Staff reported having access to the equipment they need to support consumer participation and independence.

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 COMPLIANTOrganisation’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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall, consumers considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example:

* Consumers and representatives interviewed said they feel safe when staff are using equipment with them.
* Consumers are satisfied they can access outdoor areas and expressed they have no restrictions on when they can go outside.

The service is welcoming and offers a range of communal spaces that optimise consumer engagement and interaction. The service was observed to be clean and uncluttered enabling the free movement of consumers. Consumers can access indoor and outdoor spaces freely. The environment is well lit and suitably furnished. Maintenance occurs as scheduled.

The service was observed to be clean and well maintained. Consumers interviewed have access to safe and clean equipment.

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 COMPLIANTFeedback 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Consumers and representatives are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns. Consumers provided examples of when they have made complaints and how responsive management were in rectifying the matters.
* While consumers were not aware of advocacy services they are comfortable in raising concerns with staff or management.
* Consumers and representatives are satisfied with action taken in relation to complaints and how staff and management acknowledge mistakes made and apologise if things go wrong.
* Consumers and representatives described in various ways, how feedback and complaints had resulted in improving the quality of care and services.

Staff described how they support consumers to raise any concerns and documentation identified the feedback and complaints process and action taken. An Auslan interpreter described how they advocate for deaf consumers.

Brochures on advocacy services were observed in the service and advocacy is mentioned in the consumer handbook.

Staff were able to describe the process of open disclosure. While the organisation does not have documented policies and procedures in relation to open disclosure, open disclosure is verbally discussed by management.

Management described how complaints data is reviewed and what actions are taken to improve the quality of care and services. Complaints documentation reviewed identified timely action taken by management and how this is used for continuous improvement.

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 COMPLIANTHuman 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Overall consumers said they get the care they need, however said staff are busy and can be task focussed.
* Most consumers said call bell responses are attended in a timely manner and they do not have to wait too long.
* Consumers and representatives said they find staff kind and caring. Those impacted by the manner or actions of staff, said they have been satisfied with management's response.
* Most consumers and representatives said staff know what they are doing.

Shifts are allocated to regular staff available to fill shifts and vacant shifts are replaced. Agency staff are used where regular staff are not available. Management responds to feedback about staffing levels with increased nursing levels to commence. Call bell response times generally indicate the responsiveness of staff.

Interactions between consumers, representatives and staff were observed to be kind, caring and generally respectful. A range of staff speak other languages or use sign language. Feedback on staff manner is encouraged and management is responsive to consumer feedback.

The workforce is recruited to specific roles requiring qualification, credentialing or competency. The monitoring of medication competency is not fully effective with management undertaking education and reviewing processes.

Staff are trained and equipped to undertake their roles and supported to deliver outcomes for consumers. The monitoring of recruitment, orientation and education is effective and is linked to outcomes for consumers.

Management is encouraging reporting, supporting consumers and reporting any allegations of staff abuse. Staff performance is monitored, investigations follow due process with action taken.

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 COMPLIANTOrganisational 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumer and representative interviews across all requirements reflects consumers consider they can partner in improving the delivery of care and services. Those asked said the service is well run.

Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. A consumer engagement and feedback framework and project plan are in place and a consumer engagement working group has been established with consumers recruited.

The board of management utilises a range of reporting processes and takes action following incidents to promote a culture of safe, inclusive and quality care and services. This includes mandating policy requirements, required reporting and evaluation of effectiveness informed by consumer outcomes and feedback.

There is an established process for communication of the Charter of aged care rights and other information. Financial processes include budgeting for capital and as needed expenditure. The organisation’s governing body supports information management and requires reporting to support their oversight in relation to regulatory compliance and the use of restraint. Mandatory reporting occurs as required and management understands reporting requirements and obligations. The service has a continuous improvement plan developed from a range of sources including feedback and self-assessment.

There is a risk framework identifying high impact and high prevalence risks and abuse or neglect of consumers. The governance of incidents is supported by clinical indicator reporting with not all aspects used. The classification of causative factors and incident evaluation do not support effective analysis of risk and preventative strategies. The clinical indicator report and incident evaluation does not evaluate the role of staff in incidents and whether the incident could have been prevented. The escalation of high impact risks is required. There are processes to ensure action is taken and consumers are supported to live the best life they can.

There is a clinical governance framework in place with reporting and monitoring occurring. This includes minimising the use of antibiotics. The use of physical and chemical restraint is monitored and minimised. Review of the psychotropic self-assessment tool indicated the tool is not being used effectively to support monitoring. Open disclosure occurs and is documented.

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.