Resthaven Aberfoyle Park

Performance Report

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**Commission ID:** 6315

**Provider name:** Resthaven Inc

**Site Audit date:** 21 March 2022 to 23 March 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

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# 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 Commissioner’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 considered, 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 response to the Site Audit report received 14 April 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Each consumer and representative sampled advised they were always treated with respect and dignity, sharing examples with the assessment team. Consumers sampled advised they felt safe, and their individuality was always respected. Interviewed Consumers confirmed that they were supported to maintain their independence and to making their own decisions and expressing their preferences for lifestyle and care, including risk-based decisions to live the life they choose. Consumers and representatives advised staff provided them with information regarding their care and delivery of services. Consumers and representatives raised no concerns with privacy, confirming it was respected, giving examples, such as staff knocking before entering their room.

Staff were observed by the assessment team to be respectful, caring, and sensitive to individual consumer needs and preferences when providing services to them. Staff interviewed demonstrated an understanding and provided practical examples of how they respect consumers by showing familiarity with consumers individual backgrounds. Staff were able to identify different cultures within the service and how this informs the organisation as to what activities may be provided. Staff were able to show consumers are given information to support them in making their own choices regarding how they wish to live their life, examples included formal consumer meetings and informal discussions with specialist staff.

Staff advised they are supportive of consumers taking risks and training in dignity of risk has been provided to them. Staff provided examples of how they respect consumers privacy as well demonstrating an understanding of the importance of privacy for the consumers.

The organisation maintains current and accurate documentation for consumer care planning, the assessment team sighted these and reported these plans included details of consumers individual needs, preferences, and cultural needs as well as the way they take risks to live their best life. The assessment team observed practices and processes to share information with consumers and their representatives in a timely and effective way. The organisation records and documents consumer’s choices and ensures they are communicated appropriately to those who provide care and services to them. The organisation has a documented privacy policy.

## 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 have a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their representatives confirmed they receive care in line with their needs and preferences. Consumers advised they are actively involved in the development of their care plans and are supported to involve other people important to them in the process. Consumers confirmed the outcomes of the care planning are shared with them and are regularly reviewed based on preferences or changes to their condition.

Staff were able to demonstrate how care planning informs their delivery of safe and effective care and described how they involve the consumers in the planning process. Staff were able to show an understanding of the individual needs, goals and preferences for Consumers including their choices for end-of-life planning. Staff could confirm care planning documentation is readily available for both staff and consumers, and Consumers were informed of the outcomes of planning. Staff were able to describe the processes for reviewing and updating care plans as required including after incidents or changes in consumer condition.

The assessment team observed policies and practices demonstrate the care planning process including active consumer involvement in this process. The organisation has an electronic care management system which allows for the organisation to review and update changes in consumers condition, preferences, or post incident. The Assessment team observed updated records and progress notes for consumers for care planning.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

Consumers and their representatives reported that the care they receive is safe and right for them. Consumers advised they feel care and services are delivered to them to accommodate their individual needs including preferences for end-of-life planning. Consumers and their representatives advised the organisation managed high prevalence risk and impacts within the service in an efficient and effective manner. Consumers advised any changes in their health are identified and responded to by staff quickly and effectively. Consumers and their representatives sampled confirmed that they have access to external service providers for additional care should they need it, and the organisation supports this as required. Consumers reported they see good infection control practices in the service such as appropriate cleaning and contact protocols as we as personal protective equipment being used.

Staff interviewed demonstrated they have guiding documents when providing care and services to consumers, these documents are readily available to them along with access to qualified medical staff for consultation and escalation of issues. Staff were able to provide examples of external health professionals that work with the organisation in providing care and services to consumers. Examples were provided by staff regarding the management of high prevalence risk and high-risk impacts, staff were able to show they understood their role in this area as well identifying relevant process and policy. The staff interviewed showed understanding specific to end of life service delivery practices including comfort and pain management techniques. Staff identified that changes to a consumer’s condition are reported to the registered nurse and appropriate actions are undertaken in timely way, staff described the process for identifying changes as well as the process for reporting the changes. Staff described the flow of information via care planning documents, progress notes and handover sheets, between shifts and staff to ensure appropriate care is provided including referrals to external health professionals as required. Staff confirmed that they were trained in infection control practices including identification and response to infection risks. Staff understood the concept of anti-microbial stewardship and its application in their role, including practices leading to minimisation of the use of antibiotics.

The assessment team observed that the organisation maintains policies, processes and assessment tools aligned with best practice to provide safe and effective care. Evidence confirmed staff use tools, including pain assessments, risk assessments and wound assessments in line with best practice to identify and inform the delivery of clinical care.

The organisation has a documented risk management framework which assists in identifying, managing, and recording risks; this coupled with the organisations clinical indicator report enables the organisation to monitor trends, review consumers needs/ condition and occurrences of incidents to ensure consumers receive safe and effective care. These practices also cover high prevalence risks and high impact risks and enable management of these effectively and contribute to the development and improvement of policy and process. The organisation has a restrictive practice minimisation policy, it provides policy, process, and training to its staff on antimicrobial stewardship and supports the minimisation of antibiotic usage.

### 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 supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers sampled were able to confirm they are receiving services and supports to meet their needs and promote their health and wellbeing. Consumers advised they are supported to maintain relationships with people important to them, both inside and outside the service and this is supported by activities provided by the staff and from external sources. Consumers reported their preferences are considered when activities are planned, and they are encouraged to participate and be part of, the local community. Consumers advised the food provided is of a good standard, to their liking and meets their dietary needs. Consumers advised the equipment provided to them in the service is clean and well maintained.

Staff described to the assessment team ways in which they accommodate care and services, cater for individual needs and preferences through supporting consumers to maintain activities they enjoy, attend religious services, participate in cultural activities, and stay connected with people who are important to them in the community. The staff sampled confirmed they have a network of volunteers who assist with outings and activities for Consumers. Staff support consumers to maintain their connections with people outside the service by providing technology to make video calls and encouraging visitors. Staff reported that documentation is maintained via the electronic care system and enables them to be aware of consumers needs and preferences as well notifying of any changes to the consumers condition or preferences, as an example staff were able to show changes in dietary needs being identified and communicated to hospitality staff for a change in menu options. Equipment was confirmed as being of good quality standard, quantity and well maintained. Staff identified the process and policy for repairs to equipment should it be required.

The Assessment team observed the organisation providing for consumers individual needs and preferences. The assessment team noted examples of this through care planning documentation, interactions observed between staff and consumers, varied activities supporting consumers choices and preferences. The organisation employs specialist lifestyle staff to facilitate and support consumers maintain internal and external relationships. Lifestyle Staff showed awareness of the consumers goals, needs and preferences through activities provided. The organisation has embedded processes for communication between staff to ensure consumers needs and preferences are known including changes in condition and dietary needs and wants. The assessment team found equipment provided is sufficient in quantity and is well maintained

## 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

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

Consumers and their representatives described the environment as welcoming and easy to find their way around. Consumers advised they felt at home within the service. Consumers confirmed they could move about freely within the service and are able to independently access various areas such as the garden when they wanted to. Consumers and representatives reported the furniture and fittings within the service are well maintained and regularly cleaned.

Staff identified the environmental features of the service, and how those features benefit consumers, including lighting and handrails for safety as well as the ability of consumers to move about freely and exercise their independence. Staff showed familiarity with cleaning and maintenance schedules and processes for unscheduled maintenance including hazard reduction.

The assessment team observed the service environment to be welcoming, easily navigated, clean and well maintained. The service environment enables consumers to move around freely and engage in activities as they wish, safety features such as handrails, signage and lighting were observed. The Assessment team identified documented maintenance schedules, cleaning rosters as well as processes for ad hoc repairs.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers and their representatives stated that they are comfortable and understand the ways in which they can provide feedback and complaints to the organisation. Consumers confirmed they participated in regular meetings with the organisation and were encouraged to raise feedback and complaints in those meetings. Consumers advised staff supported them to provide feedback and staff ensured they understood how to provide feedback and they can access external assistance if required. Consumers said they were confident their feedback was acted upon and were able to provide examples of when they had provided feedback and the positive actions the organisation took as a result.

Staff confirmed their understanding of their role in the complaints and feedback process, staff could describe how they support consumers to voice their concerns and what mechanisms are in place. Staff demonstrated the practical application of open disclosure and were able to refer to policies and procedures they follow for feedback and complaints to be lodged and documented.

The organisation has established channels such as bi-monthly consumer meetings, feedback mailboxes and informal opportunities to capture Consumer’s feedback. The Organisation has shown it strives to make consumers comfortable in the process of providing feedback.

The organisation has demonstrated they have documented policies and procedures for documenting, investigating, resolving, and evaluating feedback and complaints., leading to feedback being a key part of its continuous improvement model.

The organisation has open disclosure as a key element of its policies and procedures and has demonstrated this in practice, staff are trained in open disclosure and are provided resources and support to ensure they comply with policies.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers advised the assessment team, they found the staff to be available when they needed them, and they had confidence in their ability to do their job. Two consumers did report they felt there could be more staff citing long wait times for call bell response and the other expressed more registered staff on shift would be better, however no incidents have been reported due to these concerns. Consumers and their representatives reported staff were respectful and caring when carrying out their work. Consumers advised they felt Staff are well trained and have the right skills to perform their roles.

Staff advised the assessment team they have enough time to complete their work to a high standard. Staff identified the mornings are busy and as such more staff are rostered on during these times to assist consumers with daily living requirements. Staff were able to confirm they are provided with regular training and participate in regular performance reviews with management. Staff confirmed knowledge of individual consumers needs and were observed by the assessment team to be interacting with consumers in a kind and respectful way.

The organisation demonstrated staff undergo an induction program, are given mandatory training in areas including the Quality Standards and Serious Incident reporting. Rosters and staff allocations are managed and supported through organisational wide systems and ensure sufficient staff including suitably qualified clinical staff are available at the service to meet consumer needs in line with the Standards. Ongoing monitoring and review of staff performance occurs through regular review process and training matrices to ensure currency of skills and accreditations. The assessment team observed records for staff reviews to be up to date. Management advised that staffing levels are monitored via various Key Performance indicators such as call bell response times, incident management systems and consumer feedback.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Consumers indicated they felt the service is well run and they are engaged in development and improvement of care and delivery of services through participation in consumer meetings and by being kept informed of changes which may impact on the care and services provided to them.

Staff sampled confirmed they can readily access the information they need to undertake their roles providing quality and safe care. Staff identified the following systems and processes which enable this to occur; electronic care system, regular meeting and minutes of these meetings being readily available, handover at the start of shifts to ensure currency of information and having access to the organisations policies and procedures in the one place including updates to these documents. Staff advised they have position descriptions available to support their work performance. Staff receive training in risk management procedures and demonstrated understanding of how to apply the procedures when providing care. Staff confirmed they had received education regarding antimicrobial stewardship, minimising the use of restraint, and open disclosure and were able to provide examples of their relevance to their work.

The organisation demonstrated the consumer meetings held twice a month enable the consumers to have a voice in the development and improvement of care and services provided to them. The assessment team observed the minutes from these meetings and could see consumers are actively participating in the meetings and found examples of consumer led changes. The assessment team observed the Monthly Management Report for the service showing accountability for ensuring the delivery of safe and quality care and services. The organisation demonstrated its framework in place for maintaining oversight of consumer experience, regulatory compliance, quality, risk management systems and strategic directions. The organisation has implemented risk management systems to monitor and review consumers delivery of care and services, the process includes assessment processes to identify high prevalence and high impact risks and provide minimisation strategies. The service was able to demonstrate that the organisation’s clinical governance systems ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process, producing policies and procedures relating to each.

The Service is supported, monitored and guided in its delivery of safe and quality care and services through the oversight of a Board, management personnel and specialised committees including in relation to risk and clinical governance. The organisation has comprehensive and effective reporting mechanisms to ensure the Service’s performance against the Standards is monitored and the Board remains accountable to the care and services delivered.

## 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 to remain compliant with the Quality Standards.