Resthaven Bellevue Heights

Performance Report

47 Eve Road   
BELLEVUE HEIGHTS SA 5050  
Phone number: 08 8278 8588

**Commission ID:** 6076

**Provider name:** Resthaven Inc

**Site Audit date:** 19 February 2020 to 21 February 2020

# 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 response to the Site audit report received 12 March 2020.

# 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.

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are treated with dignity and respect.
* that staff encourage them to make their own decisions on what care they want to receive.
* were aware and satisfied with who they had appointed to assist with decision making, and were satisfied with their decisions.
* they are encouraged to do things for themselves and that staff know what is important to them, consumers stated staff understand what assistance they need, and they are encouraged to be as independent as possible.
* that their personal privacy is respected.
* that staff are always polite and friendly and knock prior to entering personal bedrooms.

The Assessment Team found the organisation has a risk management framework which includes the policies and procedures relating to assessing risks and supporting consumers to continue to maintain their independence whilst continuing the risk, however maintaining their safety.

Consumer files viewed by the Assessment Team showed profiles and information about consumers’ backgrounds, life stories, hobbies and interests; and this information was used to develop the care plans. Care plans included preferred times for assistance with personal care.

The Assessment Team viewed the files of the sampled consumers which included risk assessment progress notes outlining strategies to support the risk whilst ensuring the consumer is able to continue this activity.

Staff interviewed by the Assessment team provided examples of consumers’ preferences in relation to personal care times, for female or male care staff which aligned with information in care plans, and discussed special considerations to assist consumers maintain relationships. Staff interviewed confirmed training through the orientation process and regular ongoing training in relation to ensuring culturally safe care and services are provided to all consumers.

The Assessment Team observed a number of small lounge areas where consumers, families and friends were sitting and talking in relative privacy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* that staff speak to them in relation to assessments, and assessing care and clinical needs for all consumers.
* they are aware of the assessment process and the development of the care plan, and stated they have access to the care plan if required.

The Assessment Team found on admission the service assesses consumers’ needs, goals and preferences including completing a consent to obtain and release information form to ensure they are able to request any further documentation from consumers’ Medical Officers or specialists included in the consumers’ care.

The Assessment Team reviewed eight consumers’ care plans which included their needs, goals and interventions, and strategies to assist with the delivery of their care. All consumers have a completed Support and Palliative care indicator tool; this tool is used as a clinical indicator of deteriorating health and advanced conditions and is completed during admission and six-monthly during the reassessments.

The organisation has an internal Palliative Care Nurse Practitioner who is available to assist staff with education and training and consultation for consumers, representatives and staff when a consumer reaches end of life.

Staff interviewed by the Assessment Team were able to provide feedback and examples of how and when they have discussed a consumer's assessment and/or care plan with a consumer and/or representative.

The Assessment Team observed a care plan folder for the staff to refer to ensuring they are well informed regarding the consumers’ care needs and all consumers’ care plans and assessments are maintained in the service’s password protected computer system.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment, and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care which is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* that staff provide safe and effective care and they receive the care they require.
* they are able to see the Medical Officer when they need to.
* they always have access to the physiotherapists and any other allied health specialists required.

The Assessment team found the organisation has written materials which direct clinical care delivery. Policies and procedures are updated as required or when best practice is updated.

The Assessment Team viewed eight consumers’ care plans which reflected individualised care that is safe, effective and tailored to the individual needs of consumers. All eight care plans provided evidence of specialists’ reviews and allied health service reviews as required by the consumers.

Staff interviewed by the Assessment Team were able to outline how the organisation supports them to recognise a deterioration in a consumer’s condition and to provide appropriate care, and confirmed the service has policies and procedures relating to being able to identify deterioration or changes in consumers’ personal, clinical and health needs.

The Assessment Team was provided evidence of the service promoting all consumers and staff receive the yearly influenza injections. Management were able to describe the process in relation to an outbreak within the service and staff have guidance through the infection gastroenteritis outbreak management plan.

The Assessment Team observed staff using the correct personal protective equipment when required, including gloves and washing hands.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure the delivery of safe and effective personal and clinical care in accordance with the consumers’ needs, goals and preferences to optimise health and well-being.

### 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

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt safe in the service environment.
* they felt at home and liked the setting of the service, in particular the gardens.
* that the service is clean and well maintained.

The Assessment Team found the organisation has a lifestyle program that takes into consideration what is important to each individual consumer. Care plans and wellbeing plans viewed are individualised, and other activities are provided for consumers whose needs are not covered by the main program. Consumers are provided with emotional and spiritual support and connected to other services when required. Staff are trained to provide a varied and nutritious menu into which consumers have input and choice.

Care plans viewed by the Assessment Team reflected information about what is important to the consumers including lifestyle activities and history, religious practices and other areas of interest and importance. The care plans also indicated consumers who were nearing end of life were being provided emotional, spiritual or psychological support.

Staff interviewed by the Assessment Team described how they support consumers from similar cultures. Staff were able to describe processes for referring consumers to the social worker, pastoral care workers and other services.

The Assessment Team viewed a range of dietary assessments and care plans which are contained in the main kitchen and servery areas and are reflective of consumers’ needs, goals and preferences. The documentation contained information such as consumers who are on fluid restriction, modified texture diets and consumers who are on supplements and high energy high protein diets.

The Assessment Team observed consumers participating in a range of activities throughout the Site Audit.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumers’ impendence, health, well-being and quality of life.

## 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 services 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.

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt safe in the service environment.
* they felt at home and liked the setting of the service, in particular the gardens.
* that the service is clean and well maintained.

Maintenance staff interviewed by the Assessment Team advised maintenance request books are located in each area of the facility, and consumers and staff are able to report maintenance and/or safety issues. They described the preventative maintenance program and how they ensure the safety of consumers and staff at the facility, for example through the bushfire season program.

The Assessment Team observed the environment to be welcoming and home-like. Consumer bedrooms were observed to be furnished and decorated with the consumers’ belongings and consumers in two lodges have individual garden areas. Consumers have access to outdoor areas. The Assessment Team observed the service environment to be clean, safe and well maintained and witnessed consumers freely moving indoors and outdoors. They described how they enjoy looking at the beautiful garden from their room or sitting outside.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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.

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they do not have complaints about care and services provided, however, they feel comfortable raising issues with staff or management if they arise.
* they have been provided information about how to raise complaints and described how the service addresses complaints.

The Assessment Team found the organisation’s Compliments, Suggestions and Complaints procedure has been recently reviewed in line with the new Aged Care Quality Standards to reflect feedback and open disclosure best practice, including clear responsibilities, open disclosure process, escalation and investigation procedure, and timeframes for responding to feedback.

The Assessment Team found the consumers are informed about internal and external feedback and complaints processes, as well as advocacy and language services, during the admission process. Verbal and written complaints are documented and addressed. Feedback and complaints are analysed for trends and reported to the Executive team and, when relevant, inform the service’s continuous improvement process.

Staff interviewed by the Assessment Team described how they support consumers to provide feedback and how they respond to issues or concerns raised. Staff said they have been provided information about open disclosure and described how they apply open disclosure following complaints. Staff interviewed described how they raise issues or concerns on behalf of consumers if they are not comfortable doing it themselves.

Management interviewed by the Assessment Team advised, and documentation showed, feedback and complaints are documented on the service’s Comments and Complaints register. Complaints are analysed and trends are identified and reported to the Executive team. When relevant, feedback and complaints inform the service’s continuous improvement process, for example, feedback from consumers about staffing prompted a review of staffing levels and duty statements.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 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.

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* staff are providing, and attend to, their individual care and services needs.
* that staff are kind, caring, respectful and attentive to their needs.
* they said staff do not rush them, spend time with them and attend to their call bell promptly.

The Assessment Team found the service demonstrated processes to ensure the workforce is planned to ensure sufficient numbers and skill mix of staff are appropriate for the delivery of safe, respectful, and quality care and services.

Staff interviewed by the Assessment Team said they have enough time to attend to consumers’ needs and described how they work together to ensure consumers are provided with the care they need. Staff said they are supported in their role through induction and performance appraisal processes, and provision of ongoing training opportunities.

Management provided documentation to the Assessment Team showing staff are supported in their role through training opportunities and organisational induction and performance management processes. Management advised staff performance is monitored and reviewed through the organisation’s performance appraisal process and ongoing through feedback, surveys, audits and incidents.

The Assessment Team found staff are supported to perform their role and develop competency through corporate and site induction programs as well as site training and annual mandatory training programs such as the care staff and nurses’ development days. Staff complete competencies related to their role, for example, relating to medication credentialing, medication calculations and specialised nursing care such as percutaneous endoscopic gastrostomy (PEG) feed, catheter care or administering oxygen.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. The organisation has implemented new value-based recruitment processes to ensure candidates’ values align with the organisation’s values in relation to supporting and promoting a culture of dignity and respect for older people.

## 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 as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* overall they are satisfied with the care and services provided and they can address issues with staff and management.

The Assessment Team found the organisation has established governance processes to ensure safe and quality care and services are provided to consumers, including high-impact and high-prevalence risks associated with the care of consumers as well as clinical governance. The organisation’s Governance Model outlines how the various forms of consumer engagement are reported to Corporate Committees and the Board, such as outcomes of Consumer Focus Groups, feedback and complaints.

Management described to the Assessment Team how, following feedback from consumers at the service, they introduced the Friendly Helper for a New Resident program in December 2019 to support and guide new consumers when they move in.

The Assessment Team viewed documentation showing the organisation has communicated recent legislative changes to consumers and/or staff, for example, in relation to the new Aged Care Quality Standards, Charter of Aged Care Rights, Minimising the use of restraint and Quality Indicator Program.

The Assessment Team found the organisation has a clinical governance framework, including antimicrobial stewardship, minimising the use of restraint and open disclosure. An evidence based clinical practice manual, including clinical resources and procedures, is in place to guide staff. Staff interviewed said they have been provided information and training in relation to the new Quality Standards, including antimicrobial stewardship, open disclosure and restraint.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

## 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.