Resthaven Mount Gambier

Performance Report

24 Elizabeth Street
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**Commission ID:** 6301

**Provider name:** Resthaven Inc

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 28 January 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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 17 November 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 overall, sampled consumers and representatives interviewed confirmed consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff are respectful, courteous, kind and caring and they feel consumers are treated with dignity and respect.
* feel valued and safe and are provided with choices.
* consumers are encouraged to do things for themselves, tell staff if they would like to make changes to their care or choices and staff know what is important to them and what makes them happy.
* privacy and confidentiality is respected.

The service has initial and ongoing assessment and planning processes to identify each consumer’s specific needs relating to cultural aspects, things of importance to them and how they like things done. Information gathered is used to develop individualised care plans which assist staff to deliver care and services in line with consumers’ needs and preferences. There are processes to regularly review care plans in consultation with consumers and/or representatives. Staff provided examples of sampled consumers personal history in line with documented care plans and described how they ensure consumers are respected.

Care staff described how they support consumers to exercise choice and make their own decisions in relation to care and services they receive. Additionally, staff described how they promote consumers’ independence. Consumers and representatives confirmed consumers felt supported by staff to communicate with family, friends and other consumers.

Consumers confirmed they are assisted to live their best life and are supported to take risks. Assessment processes identify risk and strategies to support consumer risks to ensure they are able to undertake these activities safely are documented. Strategies to minimise risk are developed in consultation with consumers and regularly reviewed. Staff described activities for individual consumers which include an element of risk and stated they respect consumers’ choice in undertaking these activities.

Consumers are provided with an admission pack on entry which includes a range of documentation enabling them to exercise choice and make decisions about the care and services they receive. Information is provided on an ongoing basis, including through meeting forums and newsletters. Staff practices observed and feedback from consumers and representatives demonstrated staff respect consumers’ privacy and personal information is kept confidential.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected, and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

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

* are involved and consulted when consumers enter the service and on an ongoing basis.
* aware of care plan reviews and provide input into the care plan.
* have a say in daily activities and how consumers want things done.

Initial and ongoing assessments assist to identify each consumer’s care clinical care, personal care and lifestyle needs and preferences. Information gathered through consultation and assessment processes is used to developed individualised care plans. A sample of care plans viewed were current and reflective of consumers’ assessed needs.

All consumer files viewed included consumer goals and preferences in relation to advance care planning and end of life planning. There are processes to regularly review this information or revisit discussions where consumers and/or representatives do not wish to initially discuss this plan of care.

Consumers and representatives confirmed they are involved in initial and ongoing assessment and care planning process. Additionally, consumers and representatives confirmed they are consulted in relation to assessment outcomes, changes to care following Medical officer and/or allied health reviews and updates to care plans.

Care plans are available to consumers and/or representatives on entry and on request. Consumers and representatives were aware of care plan documents and confirmed care plans had been discussed with them. Care staff confirmed they have access to up-to-date care plans, and they refer to these documents to ensure care is delivered to consumers in-line with their needs and preferences. Additionally, care staff confirmed they are informed of any changes to consumers’ care and service needs through handover processes.

Care files sampled included evidence of regular review, including where consumer circumstances change and when incidents occur. Reassessments are initiated where changes to consumers’ health and well-being are identified and care plans are updated to reflect consumers’ current care and service needs.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with 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 overall, sampled consumers interviewed confirmed they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers get the care they need.
* have access to Medical officers and other allied health staff.
* are confident staff know consumers well and would recognise, report and manage any issues with their health and well-being.

Staff have access to policies and procedures to ensure care and services provided to consumers is best-practice. These documents are reviewed regularly and updated to reflect best practice principles and guidelines.

Areas of high impact or high prevalence risks are identified, and appropriate individualised strategies implemented. Staff could explain how they identify risks and described strategies to minimise risks they implement for individual consumers. Areas of risk identified by the Assessment Team through interviews with staff and documented in consumer files included skin, behaviours, wound management, pain and falls management.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Staff described processes implemented when a consumer is at end of life, including referrals to Medical officers and allied health professionals and monitoring processes.

A sample of consumer files viewed demonstrated where consumers’ condition was noted to have deteriorated or changes to their mental health or cognitive or physical function were identified, actions were initiated in a timely manner and referrals to Medical officers or allied health specialists were undertaken. Additionally, reassessments occur, and care plans are updated to reflect the consumer’s current care needs.

The Assessment Team viewed evidence the service has embedded infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery. Clinical and care staff demonstrated awareness of antimicrobial stewardship principles and described strategies implemented to minimise consumer use of antibiotics. Infection data is reported, monitored, collated and analysed for trends.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure delivery of safe and effective personal and clinical care, in accordance with consumers’ needs, goals and preferences to optimise health and well-being. Additionally, clinical trending is completed on a monthly basis; this includes clinical incident, infection rates and use of antibiotics.

### 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 overall, sampled consumers interviewed confirmed they get the services and supports for daily living that are important for their health and well-being and enables them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* encouraged to maintain independence, however, know that staff are always available to support them when required.
* can maintain connection with the local community.
* satisfied with meals provided and can provide feedback through various forums, including meetings.
* enjoy attending various activities provided and are supported by staff to maintain their independence.

Initial and ongoing assessment processes assist to identify each consumer’s goals, needs and preferences. Information gathered through consultation and assessment processes is used to form individualised care plans which include support strategies for consumers relating to cultural preferences, emotional and spiritual well-being and what is important to them. A sample of consumer care plans viewed were reflective of consumers’ assessed needs.

Activities are provided by lifestyle staff seven days a week. The lifestyle program includes a range of activities, and care plans included information relating to how consumers are supported to participate in the community and maintain friendships. Participation in the activity program is monitored and staff consumers are noted to not attend, staff consult with consumers to ascertain if alternatives can be offered.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described how information is shared, including through handover processes. Consumer care files sampled demonstrated consumers are referred to individuals, other organisations and other providers of care and services where the need is identified.

The service offers a varied menu of suitable quality and quantity. A four-week rotating organisational menu is in place which is changed seasonally. The menu can be modified to meet individual consumer needs. There are processes to ensure each consumer’s nutrition and hydration needs are identified, monitored and reviewed. Consumers said they were very satisfied with the meals provided and can provide feedback in relation to meals directly to staff, through surveys and at meeting forums.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, 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 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.

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

* feel at home and like the service setting, particularly the gardens, however, feel locked out due to COVID-19 restrictions.
* the service is clean and well maintained.

The Assessment Team observed the environment to be welcoming and homelike. Consumer bedrooms were observed to be furnished and decorated with consumers’ belongings. The service environment and equipment were noted to be safe, clean and well maintained. Additionally, consumers were observed to move freely both indoors and outdoors throughout the Site Audit.

Staff described how they identify and report maintenance tasks and safety issues. There are preventative and reactive maintenance processes, and documentation viewed demonstrated maintenance requests are actioned and resolved. Cleaning processes are in place ensuring the environment, including consumer rooms and communal areas are clean and well maintained.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ 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 overall, sampled consumers interviewed considered they are encouraged and supported to provide feedback and make complaints and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

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

Consumers are provided with information in relation to internal and external complaints avenues and advocacy services on entry. Information in relation to feedback and complaints processes was also noted in newsletters, Resident agreements and displayed within the service.

Staff described how they assist consumers if they raise an issue or concern. Consumers interviewed confirmed if they have any issues, they talk to staff or management and their issues or concerns are addressed.

The service has policies and procedures which are reflective of best practice processes and include clear responsibilities, open disclosure processes, escalation, investigation procedures and timeframes for response. Feedback from management and documentation viewed by the Assessment Team demonstrated complaints are addressed, including using an open disclosure approach.

Management described how feedback and complaints are reviewed and used to improve the quality of care and services. Analysis of feedback and complaints data and identified trends are reported organisationally and to the Board.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the 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 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

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

The Assessment Team found overall, sampled consumers interviewed indicated 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 consumers during interviews with the Assessment Team:

* staff know what they are doing and attend to their individual care and service needs.
* staff are kind and caring, respectful and attentive to their needs.
* staff do not rush them, spend time with them and attend to call bells promptly.

The Assessment Team were satisfied the service demonstrated how the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Documentation viewed demonstrated there are processes to manage planned and unplanned leave and staff interviewed stated they generally have enough time to attend to consumers’ care needs.

Staff were observed interacting with consumers in a kind, caring and respectful manner. The organisation’s values, purpose and vision statements for the consumer experience details expectations for staff behaviour.

Staff are supported to develop in and perform their roles through corporate and site induction programs and ongoing training. An annual mandatory training program is in place and there are processes to monitor staff completion of training components. Staff described training attended and stated management monitor their performance.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Management stated a report is completed monthly outlining staff appraisals due and times are allocated with staff for completion. Documentation viewed demonstrated all staff have an up-to-date performance appraisal completed.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

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

* satisfied with care and services provided and can address issues with staff and management.
* have input about their experience, quality of care and services and improvements.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported, including to the Board.

There are processes to ensure consumers are engaged in the development, delivery and evaluation of care and services, including through consumer focus groups and committees. The organisation’s Governance model outlines how the various forms of consumer engagement are reported through corporate meeting forums and to the Board.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. There are processes to assist the organisation’s Board to monitor the performance of the organisation.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and provided examples of how they implement these in-line with their scope practice.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the organisation’s 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.