Ridgehaven Retirement Complex

Performance Report

32 Stuart Street
MONTO QLD 4630
Phone number: 07 4166 1082

**Commission ID:** 5183

**Provider name:** Aged Care Monto Inc

**Site Audit date:** 13 October 2020 to 15 October 2020

**Date of Performance Report:** 26 November 2020

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the approved provider’s response received on 28 October 2020
* the Infection control monitoring checklist completed by the Assessment Team

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives interviewed by the Assessment Team stated the service supported consumers to be independent and encouraged them to exercise choice about the care and services they received. They said staff knew consumers’ needs and preferences and supported them to maintain relationships with friends and family members, both inside and outside of the service. Consumers advised they were provided with information to assist them in making choices about their care, including meal selections, daily activities and showering preferences. Consumers said staff providing care ensured their privacy was respected.

Staff were aware of consumers’ preferences, cultures, values and beliefs and were able to explain how those preferences influenced the delivery of care. Staff explained how they supported consumers to make choices which may have involved risk. Staff said risk assessments were undertaken on consumers’ risks, such as mobilising, showering and eating meals, and risk strategies were implemented to support consumers’ wishes and preferences. Staff explained consumer information was stored in password protected computers or locked work areas and could only be accessed by those who needed to see it.

Training records confirmed all staff were provided with dignity and respect training as part of the service’s annual training program. All staff were required to attend compulsory orientation that included Code of Conduct and privacy and confidentiality training.

Care documentation included information on a consumer’s life journey, cultural background, spiritual preferences, family relationships, activities of interest and individual personal preferences. Lifestyle, recreational, social and emotional needs and preferences were recorded and evaluated regularly. Clinical files established that risks to consumers were identified and consequences were explained to consumers and their representatives. Outcomes from risk assessments along with associated management strategies were documented.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and representatives interviewed by the Assessment Team said they were involved in initial assessments upon entry to the service and in the ongoing assessment and planning of consumer care. They said they were informed about the outcomes of assessment and planning and could access consumer care and services plans if they wished. Consumers and representatives confirmed the service involved medical officers and other allied health professionals in the assessment process as required. They stated care and services were regularly reviewed when the consumer’s circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

Registered staff completed initial assessments to identify consumers' needs, choices and preferences. The assessment process included discussions with consumers and representatives about end of life and advance care planning. Consumers, representatives, medical officers and other allied health professionals were involved where necessary.

Staff described how they referred to assessments, care plans and handovers to inform themselves in delivering safe and effective care. Staff demonstrated that they were aware of their responsibility to report and escalate to registered staff incidents or any changes in the consumer’s condition, needs or preferences.

The Assessment Team sighted assessment and care planning documentation for consumers and established reviews were completed regularly with the involvement of consumers and their representatives. Consumer files demonstrated the service undertook a comprehensive assessment and care planning when the consumer entered the service and then regularly afterwards or when changes occurred.

Care and service plans covered pain management, skin integrity, behaviour management, restraint, nutrition and hydration and mobility and the care documentation was accessible to staff and visiting health professionals through an electronic care documentation system.

The service had policies and procedures and risk assessments to support staff in undertaking assessments and planning, including risk assessments for falls, skin integrity, pain, choking risk, restraint and risks associated with lifestyle choices.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives advised the Assessment Team that consumers received the care they needed and they felt safe. They said they had access to medical officers and other health professionals and referrals were made promptly by the staff of the service. Consumers and representatives expressed confidence that when a consumer needed end of life care, the service would appropriately support them at that time.

Care documentation demonstrated care was safe, effective and tailored to the consumers, specific needs and preferences. Care plans and progress notes demonstrated that a deterioration or change in function, capacity or condition were identified by staff and responded to. Clinical records established consumers were regularly monitored by registered nurses, and medical officers were notified if the consumer experienced a change in condition, experienced a clinical incident, or was transferred to or from hospital.

The service had policies, procedures and tools to support the delivery of care, including policies relating to restraint, pressure injury prevention and management, pain assessment and management and end of life care. The organisation had a risk management framework that guided how risk was identified, managed and recorded. Registered staff described the main high impact and high prevalence risks for the consumers. Individual risks and management strategies were recorded in the care documentation.

Clinical incidents were recorded and reviewed monthly. The information was used to inform improvements for individuals as well as the service in general.

Care planning documents for consumers with chemical, environmental or physical restraints established that restraints were authorised by medical officers and informed consent was obtained from consumers or their representatives. Documentation showed that the use of restraints was monitored and evaluated by medical officers, specialists and registered nurses.

The Assessment Team found that care related to skin integrity and pain management was safe, effective and tailored to the needs and preferences of the consumers.

Registered nurses, care, lifestyle and hospitality staff described how information about consumers was documented and shared in handover processes. Staff, medical officers and allied health providers had access to consumer files to support care.

Registered staff were familiar with antimicrobial stewardship. Staff demonstrated an understanding of how their care delivery could minimise the need for antibiotics. Staff had received training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment, outbreak management processes, cough etiquette and cleaning processes. The service had policies and work instructions relating to infection control and an outbreak management plan.

Although at the time of the Site Audit, the service had COVID-19 screening at the entrance to the facility, the Assessment Team identified density signage was not always in place.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives said consumers were supported by the service to do the things they liked to do and they were supported with their lifestyle needs. They said consumers were encouraged and supported to engage in personal and social relationships with people who were important to them and supported to participate in community and social activities of their choice. Consumers advised they liked the food and were able to make different food choices and participate in menu planning at the service.

Consumers were involved in the planning of activities. The service provided a variety of activities to enable consumers to feel socially connected and be involved in activities of their choosing.

Care documentation provided information on how consumers liked to be involved in the community and the relationships they wished to maintain, including information about external services, individuals and community groups who supported consumers to maintain their interests. Although consumer files included information about the consumers’ emotional, spiritual and psychological well-being, care plans had not been consistently updated. During the Site Audit, staff reported this would be addressed.

The Diversional Therapist explained how the activities calendar was developed with consumer feedback. Consumers could attend group activities two to three times a day or individualised activities that suited their preferences. The activity calendar was reviewed regularly and adjusted to meet consumers’ choices and preferences.

The activity calendar was displayed at the service and provided to consumers and representatives. A newsletter providing information on activities was also provided to consumers and family.

The Catering Supervisor said there are formal and informal mechanisms to provide feedback from consumers on the food. Kitchen staff demonstrated an understanding of specific dietary needs and preferences, including allergies and texture modified diets. The menu was a four-week rotational menu reviewed by a dietitian

The dietary information in the kitchen was current and reflected consumer feedback and care plans. The kitchen was clean and tidy and staff observed general food safety and work health and safety protocols.

The Assessment Team observed equipment used to provide and support lifestyle services appeared to be safe, suitable, clean and well-maintained. Equipment to assist consumers with their independence and mobility was accessible, clean and sufficient to meet consumers’ needs. Equipment used to provide laundry, cleaning and catering was clean and in working order. Staff said they had access to the equipment they needed. The service conducted regular inspections on all equipment to ensure operational integrity and safety.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives stated that the service was clean, comfortable, well-maintained and they felt safe and secure living at the service. Consumers advised they felt at home at the service.

Staff confirmed there was adequate equipment to support the consumers’ independence, and any reported maintenance issues were resolved promptly.

The Assessment Team observed all areas of the service to be clean and well-maintained and enabled safe movement throughout the service. Furniture, fittings and equipment at the service appeared safe, clean and well-maintained. Recliner chairs and mobility aids were in good condition. Equipment in the kitchen and laundry was clean and maintained.

Consumer care documentation confirmed consumers were regularly reviewed by allied health professionals to ensure appropriate mobility equipment was used.

The Maintenance Officer said they ensured the environment was safe and well-maintained through scheduled preventative maintenance and corrective maintenance. A review of the corrective and preventative maintenance logs demonstrated regular maintenance of the service environment was completed according to a schedule. Mobility equipment such as hoists, slings and specialised chairs was regularly checked and serviced

The service has current Queensland Fire and Emergency Service certification and maintenance records.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives stated that they were encouraged and supported to give feedback and make complaints and appropriate action is taken in response to their feedback. Consumers and consumer representatives who said they had raised a complaint found the service’s management was responsive and action had been taken to address the complaint. They said they felt confident that if there were issues, they would be promptly resolved. The Resident handbook included advice on how to provide feedback or make a complaint and information on advocacy services and external complaints organisations, including the Aged Care Quality and Safety Commission.

The organisation has policies and procedures providing guidance on managing complaints and open disclosure. Staff demonstrated an awareness of how to assist consumers to raise a complaint if required and how to resolve a complaint immediately if it was a simple issue or escalate the complaint if required.

The minutes of resident meetings evidenced consumers raised and discussed matters such as the quality of meals. Feedback forms were available in throughout the service.

The service demonstrated that appropriate action was taken in response to complaints and an open disclosure process was followed.

Complaints and the outcome of investigations were reported to the Board via a monthly report compiled by the Facility Manager. Managers and the Board reviewed complaints information and used it to improve the quality of care and services.

The service’s Plan for Continuous Improvement included initiatives prompted by complaints and feedback.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives interviewed by the Assessment Team stated they were satisfied with the availability of registered nurses, care staff, lifestyle staff and support staff. They considered call bells were responded to within a reasonable time. Consumers and representatives indicated staff had the required skills and knowledge to perform their roles. A Resident survey for 2019 indicated all respondents considered staff were kind, courteous and approachable.

Registered nurses are available either onsite or via an on call arrangement. Staff indicated they had sufficient time to complete their assigned duties and meet consumers’ care and service needs.

Management monitored the qualifications and skills of staff. The service had a comprehensive training program that covered orientation, mandatory training and voluntary training. Training records indicated staff attended training in areas such as COVID-19, infection control, abuse and missing persons, anti-psychotics and dementia, and manual handling. Practical skills assessments, such as manual handling and medications, were conducted and additional training was provided if a need was identified as a result of incidents or complaints.

The service checked the qualifications of staff at recruitment and annually. Records are maintained to monitor compliance.

The service conducted a performance appraisal of staff every two years. Although management identified they were behind on completing these, additional resources have been allocated. Performance issues were reported to the Board in a monthly Facility Manager’s report and other forms of informal monitoring used.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers were supported to engage in the development, delivery and evaluation of care and services through resident meetings, feedback and complaints processes and satisfaction surveys. Resident meetings were held at alternating locations within the service to support consumer participation. Meeting minutes evidenced discussions about issues raised by consumers.

The organisation’s governing body is the Board. Regular Board meetings are held to review and monitor correspondence, finances, management reports, improvements and complaint information.

The organisation demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example:

* Care documentation was maintained electronically that was secure and accessible to staff and other professionals involved in care and services. Records of incidents, reports, meetings and audits were stored securely.
* Meeting minutes and the continuous improvement plan evidenced the reporting of issues, improvement activities and outcomes.
* Changes to budgets and expenditure were made by the Board in response to proposals and reports presented by the Facility manager. The minutes of Board meetings demonstrated that accounts were audited.
* The organisation has policies and procedures that guide management and staff in human resource management including recruitment and selection and rostering.
* The organisation has established processes to ensure it is informed about relevant regulatory requirements by governments, industry organisations and the Aged Care Quality and Safety Commission. The service maintains a register of reportable incidents and had a system to ensure all management and staff had a current police certificate.

The organisation has a documented risk management framework to ensure high impact and high prevalence risks associated with the care of consumers was effectively managed, including the abuse and neglect of consumers.

The organisation had a documented clinical governance framework that included policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff have been trained about the policies and were able to provide examples to the Assessment Team of the relevance of the policies in care planning and care delivery.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

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

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

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

# Areas for improvement

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