Southern Cross Care Chinchilla - Illoura Village

Performance Report

24-30 Zeller Street
CHINCHILLA QLD 4413
Phone number: 07 4662 7182

**Commission ID:** 5087

**Provider name:** Southern Cross Care (Qld) Ltd

**Site Audit date:** 3 March 2020 to 5 March 2020

**Date of Performance Report:** 14 April 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** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-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 2 April 2020
* referral information received by the Commission.

# 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

The Assessment Team identified, and sampled consumers confirmed that 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. Consumers interviewed confirmed that they are treated with respect, that they are encouraged to do things for themselves and that staff know what is important to them and that their personal privacy is respected.

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

Consumers described to the Assessment Team the way their social connections are supported both inside and outside the service. Consumers stated that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that affords them dignity and respects their privacy.

Staff were observed by the Assessment Team to interact with consumers respectfully and could identify consumer’s individual preferences and interests. Staff could provide meaningful examples of how they know about what is important to each consumer and could describe how they ensure that consumer preferences are respected.

Electronic and hard copy documents are protected to preserve confidentiality of consumer information, consistent with policies and procedures.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team identified, and sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers interviewed confirmed that they are involved in the initial and ongoing planning of their care and that they are informed of the outcomes of assessments and care planning. Consumers/representatives interviewed confirmed the service seeks input from Medical officers, other health professionals and family to inform their care and services. Consumers/representatives sampled said the service had discussed end of life planning with them.

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

For the consumers sampled, their care planning documents reflected individual consumer’s current needs, goals and preferences; required assistance and interventions including the management of personal/clinical risks and preferred person to be involved in care planning/evaluation process.

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 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team identified, and sampled consumers agree that they receive personal care and clinical care that is safe and right for them. Consumers and representatives sampled said the consumer gets the care they need and that they feel safe. Consumers and representatives gave various examples to the Assessment Team of how staff ensure the care provided to consumers was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers and representatives in discussions regarding alternative care options available.

Consumers and representatives interviewed said the consumer is referred to their Medical officer or other health professional to meet their changing personal or clinical care needs. Consumers and representatives sampled said the referral occurs promptly and they are satisfied with the care delivered by those they have been referred to.

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

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

While staff could identify to the Assessment Team, the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice, the service could not demonstrate that it understands restraint and the requirements of the assessment of risk and authorisation of restraint.

The service could not demonstrate that personal and clinical care delivery is best practice to optimise each consumer’s health and well-being, especially in relation to identification, authorisation, management and monitoring the use of chemical and physical restraint.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The service did not demonstrate to the Assessment Team a shared understanding of the definition of psychotropic medication or have an effective assessment and monitoring process of prescribed psychotropic medications in place to ensure care delivery is best practice to optimise each consumer’s health and well-being. The Approved Provider has stated in their response additional training relating to physical, environmental and chemical restraint has been provided to all registered staff following the Site audit.

The Assessment Team identified the monitoring tool used by the service was inaccurate at the commencement of the Site audit and the Approved Provider in their response has accepted the monitoring tool did not include consumers who were prescribed some categories of psychotropic medication. The service has made further improvements to the monitoring of consumers prescribed psychotropic medication, whereby it is reviewed following all visits by Medical officers. The Approved Provider submitted an updated monitoring tool as part of their response.

Review of clinical documentation for one consumer indicates they were commenced on an antipsychotic medication on 21 February 2020 for agitation. While progress notes submitted by the Approved Provider as part of their response indicates the medical officer informed the consumer’s representative of a change in medication (at the time of prescription), and the consumer has a diagnosis of anxiety to support the use of the psychotropic medication, and therefore does not require chemical restraint authorisation. Progress notes also submitted also indicate the consumer’s representative did not provide informed consent (as per the *Quality of Care Amendment – Minimising the Use of Restraints – Principle 2019*) for the consumer to continue to reside in the service’s secure needs unit following the review of the restraint by the Medical officer and registered nurse in August 2019 and January 2020.

Management advised the Assessment Team they monitor physical and chemical restraint usage through documentation, however following discussion with the Assessment Team, management identified four consumers residing at the service utilise low beds to minimise their risk of falls. Which also restricts their ability to mobilise, therefore constituting a form of physical restraint, who did not have restraint authorisations in place to support the use of physical restraint. The Assessment Team were informed that there have been no risk assessments for using the low beds, discussions with the consumers or representatives regarding the associated risks or authorisation for physical restraint by their Medical officers or representatives.

While the Approved Provider submitted in their response discussions had occurred with two consumers’ representatives relating to the use of low beds as a falls management strategy, for one consumer this discussion occurred during the site audit and for a second consumer documentation provided by the Approved Provider in their response does not demonstrate the use of a low bed was discussed with the consumer’s representative as a form of restraint. A third consumer requiring a low bed as a falls management strategy had their care plan provided by the Approved Provider in their response, as evidence that clarified the use of and potential risks associated with the use of the low bed, however, the care plan does not provide information relating to the potential risks of using a low bed as a falls management strategy, it states ‘bed at lowest position’. Progress notes provided by the Approved Provider for the fourth consumer, does not support the use of a low bed as a form of fall’s management or physical restraint, or the discussion with the consumer’s representative in relation to this form of restraint.

While the service has taken steps to reduce the use of psychotropic medication usage, the service was not aware of the numbers of consumers prescribed psychotropic medication at the commencement of the Site audit or was monitoring the continued need for the medication, the service could not demonstrate informed consent had occurred with the consumer or representative prior to the use of chemical restraint and discussions had not occurred with the consumer or representative prior to the use of physical restraint (including low beds). Based on this information, this Requirement is non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team identified, and sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers interviewed confirmed that they are supported by the service to do the things they like to do to optimise their independence, health, wellbeing and quality of life. Consumers interviewed advised that they like the food, and that the menu has been revised in recent weeks corresponding with the commencement of a new chef and introduction of the food focus groups at the service. Consumers described how they are supported to participate in leisure activities, maintain relationships and access to the community.

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

The Assessment Team observed lifestyle supports to be sufficient and appropriate for consumer’s wellbeing, participation and inclusion.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Assessment Team identified, and sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed confirmed that they feel safe and at home, providing examples of how their visitors feel welcome and what makes the service nice to live in.

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

Consumers interviewed feel secure in the service; they are also satisfied that equipment is inspected and maintained, and the environment is monitored to minimise risks. Staff responded to the Assessment Team that they have observed that consumers are engaged in the operation of the service. This is evidenced through responses during regular focus group meetings. These are held weekly, with a different topic each week, rotating monthly. Discussion and decisions are recorded.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team identified, and consumers interviewed confirmed they could make complaints and felt safe to do so. Consumers interviewed felt that changes were made at the service in response to complaints and feedback.

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

Consumers sampled who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response; they said management and relevant staff had apologised and that care/services had improved following their raising of the issue. The Assessment Team also reviewed the feedback and complaints register and noted that consumer suggestions and complaints are recorded along with actions taken to address the complaint or implement the suggestion where relevant and results are documented.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Assessment Team identified, and sampled consumers confirmed that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives interviewed said staff are kind and caring. Consumers and representatives interviewed advised staff know what they are doing. Overall, consumers and representatives interviewed said they think there are adequate staff. Consumers and representatives interviewed said staff are wonderful.

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

Staff interviewed said they generally have enough time and resources to complete their duties. Staffing documentation noted the service has strategies to replace staff who are unable to attend their shifts, and in the event of the shift not being filled, staff work longer or come in early to assist with consumer care where needed.

The Assessment Team identified the organisation has a staff performance framework and includes a health check three weeks after commencement, and appraisals at three, six and 12 months. The appraisal process includes a self-assessment and development opportunities and requests are considered in the education program or individually for staff.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team identified, and sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers interviewed confirmed that the service is well run and could provide examples of how they are involved in the development, delivery and evaluation of care and services.

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

The organisation demonstrated that they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are engaged and consulted at consumer meetings, and in the planning of changes as well as on a day to day basis. Consumers’ representatives confirmed they are involved in care planning and delivery and provided examples of how this occurs.

The governing Board meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. Risk and clinical governance committees meet regularly, report to the Board and communication processes ensure directives are communicated to regional management and the service.

There are organisational governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restraint. Staff interviewed by the Assessment Team understood these concepts and could explain how they were applied in practice.

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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(a)

*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.*