St David’s Village

Performance Report

45 Cook Street
FORESTVILLE NSW 2087
Phone number: 02 8977 8204

**Commission ID:** 0547

**Provider name:** Anglican Community Services

**Site Audit date:** 14 December 2021 to 16 December 2021

**Date of Performance Report:** 27 January 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

The following information has been 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.
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they chose.

Consumers and representatives said they were valued as individuals, that staff treated them with dignity and respect and that their culture and life experience was valued. Consumers advised the Assessment Team that staff were very patient and kind, and responsive to their needs. Consumers provided various examples of how they were supported to exercise choice, including decisions involving risks and how staff supported them to maintain their independence and relationships in various ways.

Consumers and representatives expressed satisfaction with the timeliness and form of information provided to them. Consumers explained that information was provided in a way they could understand and use it to inform their choices.

Staff spoke about consumers in a way that indicated respect and understanding of their personal circumstances. Staff described how they supported consumers to make informed choices about their care and services, including choices involving risks. Staff demonstrated an understanding of consumers' individual identities and care planning documents reflected the diversity of consumers at the service, including their different life experiences and needs.

Staff were observed interacting with consumers in a friendly, supportive manner and being respectful of their privacy. The Assessment Team observed staff knocking on consumers' doors before entering and closing doors to provide care. Computers with consumer information were observed to be password protected.

Organisation wide documents demonstrated how the service supported consumers to live the life they chose. The organisation's entry to service pack included a customer service charter that addresses what it means for consumers to have their identity, culture and diversity valued and supported. The consumer handbook outlines the service's policy on confidentiality. The care planning documentation reviewed identified the cultural backgrounds and needs of consumers.

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 considered that they felt like partners in the ongoing assessment and planning of their care and services. They said they felt involved in care planning and confirmed they have access to care plans if they want. Representatives described how they were involved and kept up to date with any changes to their loved one’s condition and care arrangements, including end of life care.

Staff explained to the Assessment Team the processes of initial and ongoing assessment within the service. Management explained that all care plans are reviewed every three months and have a case conference yearly with the consumer, representative and all members of the multidisciplinary team, including pastoral care.

The service was able to provide examples of how it partners with consumers and others, that the consumer wanted involved, in the planning, assessment and review of their care. Staff were able to provide examples how they referred consumers to outside services for ongoing assessment or treatment.

The service demonstrated how assessment and planning informs the delivery of safe and effective care, including advanced care and end of life care, the service had a palliative care clinical nurse consultant involved with care planning on admission and during the yearly full care plan review.

Care staff said they took time to ensure they understand changes to consumer care and described strategies they use to communicate with consumers effectively, including seeking support from clinical or allied health staff. Clinical staff explained that during weekdays the service had a full facility handover where they shared updates on care with the entire multidisciplinary team.

The Assessment Team observed a handover between clinical and care staff where updates on changes to consumer conditions, care preferences and meal requirements were shared.

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 that they received personal and clinical care that was safe and right for them and spoke positively about the care provided by the service. Representatives confirmed they were notified immediately following incidents or when changes were identified in consumers’ condition and were satisfied that the service had effective procedures in place, including practicing open disclosure.

Consumers and representatives said they had access to medical providers and outside specialist support and that any deterioration in health was identified and responded to well by the service. Clinical and care staff were able to explain how they responded to changes in consumer’s health or wellbeing and provided the Assessment Team with recent examples of this in practice.

Consumers and representatives were satisfied with how the service provided end of life care that meets their needs, goals and preferences. Two consumers said their wishes were being followed in accordance with their advanced care directives and two consumer representatives said the service always kept them up to date in relation to end of life care.

Staff could provide examples of how they remained informed of any changes or preferences to consumers’ clinical care and provided examples to the Assessment Team that demonstrated a shared understanding of supporting consumers to maintain independence and exercise choice.

The service demonstrated it had systems in place to provide each consumer with safe and effective personalised care, including for pain management, falls and skin integrity. The service’s approach to high impact or high prevalence risks and the use of restraints was in accordance with current legislation. Care documentation demonstrated that the service was able to provide consumers nearing the end of life with care that is consumer focused, comfortable and dignified. Most care plans reviewed had advanced care directives that were easy to find, these were updated as changes occurred or every 3 months, as per organisation policy.

The Assessment Team observed that care documentation was current and reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The Assessment Team noted multiple clear examples of how the service refers consumers to medical officers or allied health professionals and continually assesses consumers’ wishes and involves representatives around end of life care.

The service had procedures in place to minimise infection risks and minimised antibiotic use through antimicrobial stewardship and staff explained to the Assessment Team how they minimised the use of antibiotics. Clinical staff were able to explain how to respond to an outbreak, and confirmed they performed drills as part of their outbreak preparedness. The Assessment Team observed staff taking appropriate measures such as; wearing masks, washing/sanitising hands and testing for COVID.

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 supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers considered that they received the services and supports for daily living that were important for their health and well-being and enabled them to do the things they want to do. Consumers confirmed they were supported by the service to do the things they like to do and were supported to maintain relationships with people who were important to them.

Consumers and representatives confirmed the service’s lifestyle program supported their needs, and stated staff assisted them to be as independent and as safe as possible in activities and daily living. Consumers said that the activities program is varied and mentally stimulating.

Consumers said that staff were very caring and supported them to pursue their spiritual and emotional goals and were satisfied that services and supports for daily living promote their emotional, spiritual, and psychological well-being. Consumers said that staff were proactive in making referrals that optimise their welfare at the service.

Consumers were satisfied that information about their condition, needs and preferences was communicated within the organisation and with others where responsibility for care is shared.

Most consumers were satisfied that the meals provided were varied and of suitable quality and quantity. Consumers had input into the menus and said that the hospitality staff were effective communicators and were able to provide a variety of food options. Staff described how consumers were involved in the design and delivery of the services menu. The Assessment Team observed that the kitchen was clean, and staff had access to information for those on modified diets.

Staff said that lifestyle, care and registered staff worked together to respond to any changes that may affect a consumer’s general lifestyle. Staff explained the service’s lifestyle program takes into consideration those consumers who had varying levels of functional ability. On entry to the service, lifestyle staff partnered with the consumer or their representative to determine the consumer’s individual preferences, including leisure needs, religious beliefs, social and community ties and cultural traditions. The weekly activity schedules displayed showed the activities available included exercises, bingo and word games.

The service was able to demonstrate that equipment used for daily living is suitable, clean and well maintained. Staff advised equipment is cleaned regularly according to a schedule and sanitised as necessary following use. Preventative maintenance logs reviewed by the Assessment Team showed that equipment is regularly serviced to optimise safety to consumers.

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 said they felt that they belonged in the service and felt safe and comfortable in the service environment. Consumers and representatives said the service environment was welcoming and visitors were encouraged to participate in the lifestyle programs at the service. Consumers sampled said that they felt at home at the service, described it as a nice place to live and said they were able to decorate personal spaces to their liking.

The Assessment Team observed the service environment to be welcoming, with design features to assist cognitive impairment and safe easy movement possible both indoors and outdoors. Consumers were observed moving indoors and outdoors on their own and with staff assistance. The external service environment included clear, well-maintained walkways, gardens and activity areas.

Staff described how the service environment promoted the mobility and safety of consumers and said they support consumers with limited mobility to access areas of their choice, such as the servery, activity areas and outdoor areas. Staff were able to describe the process for documenting and reporting maintenance issues and fire safety procedures. Cleaning and laundry staff described their daily cleaning regimes and provided cleaning schedules for their areas of responsibility of the service. Cleaning staff were observed to be interacting and engaging with consumers and visitors in a polite and respectful manner.

The facility and the equipment were observed to be safe, clean and well-maintained. Consumers who required mobility aids were observed using them freely. Lifting equipment appeared well maintained and was cleaned between each use with individual consumers who require them having their own lifting sling stored in their bathrooms.

The Assessment Team reviewed maintenance documentation which showed regular maintenance of the service environment and equipment. The maintenance program included planned, periodic and ad hoc maintenance in response to maintenance requests.

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 said they were encouraged and supported to give feedback and make complaints and felt that appropriate action was taken by the organisation when they do. Consumers said there were various ways they could make complaints either anonymously or with the assistance of staff and they felt satisfied with the service’s process for dealing with feedback and complaints.

Staff were able to explain to the Assessment Team how information is provided to consumers on entry to the service, which included internal and external complaint forms and advised that while they do not currently have any consumers that require language services to make complaints but would be able to provide these resources if necessary.

The service had an open disclosure policy that outlined the service's expectations in relation to the response and management of feedback and complaints. A complaint register showed there was appropriate and timely communication between management and consumers, including an open disclosure process when a complaint is made. The resident handbook outlines the service's commitment to an open disclosure process which is accessible, timely, confidential and fair. Consumer meeting minutes showed open discussion about complaints and continuous improvement at the service.

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 considered they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers felt that staff were supported and trained in their role, and overall did not need more training. Consumers and representatives confirmed that staff were kind, caring and competent.

Consumers stated that they felt there were always enough staff onsite and that call bells were generally responded to in a timely manner. Consumers described to the Assessment Team individual incidents that had been responded to quickly by staff and expressed confidence that staff would respond quickly when needed.

Overall, staff said they did not feel rushed in completing their tasks and said they were supported to complete their tasks. All members of the workforce said they felt like they were recruited, trained, equipped and supported to deliver safe and effective care.

Management provided evidence of how the workforce was planned and how they support their staff to ensure they received the training they need to perform their roles. The Assessment Team observed regular mandatory and specialised training packages for specific roles such as; clinical, care and hospitality staff. The service also had a training matrix, designed to support staff needs in relation to the Quality Standards and specific consumer needs at the service.

Management set core competencies for roles and were able to demonstrate records of registrations and qualifications for staff to the Assessment Team. The service had a performance and development review process involving annual reviews, as well as informal proactive performance monitoring of each member of the workforce. Staff performance was monitored through feedback, staff meetings and informal conversations.

The workforce interactions with consumers observed by the Assessment Team were respectful, gentle and unrushed. The Assessment Team reviewed a range of evidence such as the; call bell data, staff training matrix and employee files, which showed consistent performance reviews being conducted annually for multiple previous years.

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 considered the organisation well run and stated they could partner in improving the delivery of care and services. Consumers described the different ways they could be involved in the development and evaluation of care and services which included; consumer meetings, consumer experience surveys, by utilising complaints and feedback mechanisms and coordinating with their consumer representatives at the service. Consumers said they are encouraged to make suggestions to enable the service to support them to live the best life that they can.

The service was able to demonstrate that their governing body is accountable for the delivery of safe quality care and services. There were organisational wide governance systems to support effective information management and workforce, compliance with legislation.

The organisation’s clinical governance framework set out a leadership structure outlining the roles and responsibilities for various management personnel and the Board. This framework includes a shared responsibility and accountability, with the Board having overall accountability for consumer safety, care delivery and system wide governance.

Senior management and the Board of Directors met regularly, set clear expectations and regularly review risks from an organisational and consumer perspective. Board members monitor the performance and receive regular report that cover clinical indicators, critical incidents and quality indicators.

The organisation’s clinical governance framework had been implemented at the service and management and staff apply the principles of the framework when providing clinical care. The service had a documented policy in relation to clinical governance, antimicrobial stewardship, minimising the use of restraint and open disclosure.

The service was able to show effective organisation wide governance systems relating to; information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. For example, the organisation has a robust feedback and complaints process which informed continuous improvement. Individual complaints and trends were discussed and actioned during staff, resident and Board meetings. Complaints were used to improve the operations of the organisation from the Board down to the service level.

Management demonstrated that staff had been educated about the policies and were able to provide examples of their relevance to their work. Staff were able to discuss the policies available, and how they are practically applied.

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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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