St Vincent's Care Services Bardon

Performance Report

59 Main Avenue   
RAINWORTH QLD 4065  
Phone number: 07 3371 8933

**Commission ID:** 5095

**Provider name:** St Vincent's Care Services Ltd

**Site Audit date:** 14 June 2021 to 17 June 2021

**Date of Performance Report:** 19 July 2021

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 12 July 2021.
* other information and intelligence held by the Commission regarding 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 and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives said staff know consumers as individuals, what is important to them and the service encourages and supports consumer independence. Consumers and representatives confirmed consumers’ personal privacy is respected and said staff respect their confidentiality and that of other consumers residing at the service.

Staff demonstrated an understanding of what is important to consumers and described how consumers’ preferences are facilitated and respected.

Management advised that dignity of risk is discussed with consumers and representatives as part of the entry assessment process. Clinical staff further discuss any risks identified throughout the assessment process to provide the consumer opportunities to exercise choice and make informed decisions regarding their care and services. Risk assessments are completed and strategies for managing identified risks are included in care directives to guide staff in care and service delivery.

The Assessment Team reviewed care documentation which provided information to guide staff in what is important to consumers, including individualised strategies, needs, goals and preferences in relation to care and services. Care documentation evidenced consultation with consumers and those they chose to have involved in their care through case conferences, telephone calls, organised meetings and the completion of Advance Health Directives and Enduring Power of Attorney documentation.

The Assessment Team reviewed the minutes from the monthly Consumer Committee Meeting which evidenced consumers are provided the opportunity to participate in decision making in matters regarding food, events and lifestyle activities.

The Assessment Team observed staff interacting respectfully with consumers including addressing consumers by their preferred names, asking consumers if they required assistance during mealtimes, knocking prior to entering consumer rooms and responding promptly to requests for assistance.

The organisation has a number of documents that guide staff including policies and procedures to promote cultural safety and diversity and in consumers privacy and confidentiality.

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 said they felt like partners in the assessment and planning of consumers care and services, and are involved in the assessment and care planning review process. Consumers and representatives said the service involves them in the initial assessment and care planning processes to develop a plan of care delivery to meet the needs of the consumer, including the consideration any risks. Consumers’ current needs and advanced care planning were considered during the assessment process and consumer and representative confirmed they were informed about the outcomes of assessment and planning and had ready access to the care and services plan.

Management described how consumers and representatives, and other individuals and providers, are involved in the assessment and care planning during entry to the service and on an ongoing basis. For example, consumers’ risks and care requirements are assessed on entry to the service through a Registered Nurse completing an admission pathway. Individual assessments for high impact, high prevalence risks such as falls, skin integrity, mobility, weight, dietary needs, verbal and physical behaviours and pain are completed via this admission pathway. Regular care planning reviews are completed every three months and consumers and representatives are included in this process through face to face discussions or telephone calls.

Staff demonstrated an understanding of the service’s assessment and reassessment processes, including identifying risks to consumers’ safety, health and wellbeing. Registered Nurses said the outcomes of consumer assessments are documented in care plan and discussed with care staff to guide them in the delivery of safe and effective care. Registered staff advised consumer representatives are notified when an incident or deterioration in a consumer’s condition occurs and assessments and ongoing care requirements are discussed with the representatives and consumers at the time of the incident.

The Assessment Team reviewed care planning documentation which identified that consumers and representatives were involved in assessment and planning processes and other providers of care and services. For example, medical officers, allied health professionals and other specialists were included and consulted as required. Consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

The service had policies and procedures to guide staff in the evaluation of care and care plan review completion. The service documented incidents in the electronic care system and data from the incident and subsequent investigation informed clinical indicators which are discussed at clinical meetings, reporting at an organisational level and analysed to evaluate care.

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 said consumers’ received care and services which met their needs and preferences, is safe and optimised consumers to live the best life they can. Consumers and representatives expressed satisfaction that consumers’ needs and preferences were effectively communicated between staff and consumers received the care they need. They expressed satisfaction that appropriate referrals occurred when needed and that the consumer had access to relevant health professions as required. Consumers expressed positively the support provided by the pastoral carer following a death in the service.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met. For example, for one named consumer who is a risk of falling staff explained strategies implemented to minimise this risk such use of a wheelchair when the consumers mobilises long distances and ensuring a clutter free environment. Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover and via daily care meetings. Staff confirmed they had access to the service’s electronic care documentation system.

Registered staff provided examples of when a deterioration or change in the condition of sampled consumer was recognised and responded to. For example, for one named consumer a referral was made to the mental health team and a Geriatrician for review due to escalating behaviours.

Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff. They said registered staff are readily available to report any concerns in relation to consumers’ personal or clinical care delivery.

Care planning documentation included evidence of how staff had supported consumers including those with complex clinical are needs, for example, consumers requiring wound care, oxygen therapy and consumers at risk for falling. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The service has policies, procedures and guidelines to support the delivery of care provided including in relation to restrictive practices, skin integrity and wound management, pain, end of life care, and recognising and responding to consumer deterioration.

The service monitored care delivery through the analysis of clinical incident data and demonstrated corrective process in the event of an incident or near miss occurring. For example, if a medication error is made, staff involved are counselled, completed a medication competency and depending on the type of the incident, completed training in medication management.

The service has implemented policies and procedures related to antimicrobial stewardship, infection control management and an emergency management plan for COVID-19 to guide staff. Staff confirmed they have received training in infection minimisation strategies including infection control, antimicrobial stewardship and minimising the use of antimicrobials. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

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 considered that consumers 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. They felt supported to maintain social and emotional connections with those who are important to them, are supported by the service to do things of interest to them, including participating in activities as a part of the service’s lifestyle program and/or spending time doing independent activities of choice.

Consumers and representatives said the service regularly seeks feedback in relation to consumer preferences and satisfaction with the activities offered via one-on-one conversations, consumer survey and consumer committee meetings. This information is used to guide and develop future activity programs and events at the service. Consumers provided positive feedback in relation to food and confirmed it was of adequate quantity, quality and variety.

Care staff demonstrated an understanding of what is important to consumers and what they like to do. Staff described how during the recent COVID-19 restrictions, the service actively encouraged consumers to participate in additional group activities including daily exercise and additional pastoral care activities to support consumer spiritual, emotional and psychological wellbeing during times of family absence or limited community access.

Care planning documentation included information about consumers activities of interest, evidence of participation in activities and information about relationships consumers wish to maintain. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Staff confirmed they have access to equipment used to provide and support lifestyle services and the equipment is suitable, clean and well maintained at the service.

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 that they felt at home, safe and comfortable and expressed satisfaction that the service environment was clean and well maintained. Consumers said they can decorate their rooms with personal belongings including their own furniture.

The Facility Manager described the process to welcome new consumers to the service, ensuring they are supported to feel at home. This includes key personnel welcoming the consumer and their representative, and undertaking the entry process including introduction to other consumers. Management said the service celebrates dates and events of importance and decorates the service on occasions such as Birthdays, Christmas and Easter with the participation of consumers.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. The service maintains a designated, outdoor smoking area for consumers who choose to smoke. A purpose-built ramp had been installed to enable smokers to safely navigate their way to the designated area.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues are addressed in a timely manner.

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 considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. They said they knew of various avenues to raise concerns and felt comfortable providing feedback.

Consumers and representatives who had raised complaints or concerns said their feedback was acknowledged and changes implemented in response to their feedback. They said management and relevant staff had apologised and improvements to care and services had been made as a result of their feedback.

The Facility Manager described the service’s complaints management process, including speaking to the consumer to gather more information, acknowledging their concerns prior to investigating, and providing a feedback after conducting an investigation into the incident including providing an apology. The Facility Manager said they manage the oversight of all complaints at the service including the completion of documentation and resolution.

The service documented complaints on an electronic complaint register which is reviewed at monthly meetings and reported by the Facility Manager at an organisational level. Where service improvements are identified these are added to the service’s continuous improvement plan for actioning.

The organisation had an open disclosure policy which referred to the management of complaints.

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 said staff at the service are kind and caring and staff are considerate of consumer’s needs when providing care to them and expressed confidence that staff were suitably skilled to provide care and services.

Consumers and representatives expressed satisfaction in relation to the adequacy of staff, and said consumer’s requests for assistance were responded to in a timely manner.

Staff expressed satisfaction there were sufficient staff to provide consumers care and services. Staff in one area of the service advised the Assessment Team at the time of the Site Audit that a short shift had been discontinued, however were unable to provided examples of how this has impacted their work. In response to feedback from the Assessment Team at the time of the Site Audit, Management said consumer call bell response times are monitored and consumers had not raised any concerns in relation to the shift change. In addition, Management also raised and discussed staffing at the service’s staff meetings to allow for ongoing review as consumer’s needs change.

Management described how they determine whether staff are competent and capable in their role, which includes orientation on commencement of employment, mandatory training programs, performance reviews and management observations of staff. The Facility Manager said staff are monitored formally through appraisals, incident analysis, other staff and consumer feedback and management also monitor staff daily through direct observation.

Staff confirmed they have completed training in COVID-19 and infection control, and all staff expressed satisfaction with training opportunities provided at the service. Staff confirmed they had completed regular performance appraisals and expressed the process was positive and that training needs and future development was discussed.

The organisation had policies to guide in human resource management.

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 and representatives considered that the organisation is run well and that they felt engaged in the delivery and evaluation of services, including making suggestions for improvements. Consumers and representatives said they are engaged in discussion at monthly consumer meetings and as a result of feedback via these meetings, the service had made changes to the meal service and activities offered.

The service demonstrated the organisation’s governing body promoted a culture of safe, inclusive care and was accountable for their delivery. The organisation had implemented systems to monitor the performance of the service, including information gathered via audits, clinical indicators, incidents, feedback and continuous improvements. The service reports to the governing committee and board monthly and as needed if serious safety issues occur. For example, Management advised in response to learnings from within the organisation in relation to psychotropic medication and chemical restraint, the Board directed further staff education be provided. In addition, the organisation engaged a pharmacy provider to assist by sending monthly summaries to all services of psychotropic medication usage.

The organisation had implemented effective organisation wide governance systems, effective risk management systems and processes and a clinical governance framework. Organisational policies guide staff practice including in relation to risk management, antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

At the time of the Site Audit, the Assessment Team observed deficits in relation to the reporting of incidents under the Serious Incident Response Scheme; and requirements of an incident management system. The Approved Provider in its response dated 12 July 2021, provided evidence that effective actions had been implemented to address these concerns. For example, the service had a Serious Incident Response Scheme reporting procedure to guide staff; and following the Site Audit the service reported the two incidents identified by the Assessment Team to the Serious Incident Response Scheme reporting portal. In its response, the Approved Provider stated the service confirmed with the Serious Incident Response Scheme reporting line the two incidents were not reportable under the Serious Incident Response Scheme guidelines.

In relation to the requirements of an incident management system, the Approved Provider in its response evidenced that staff had received information and training in their roles and responsibilities related to incident management. In its response, the Approved Provider stated the organisation acknowledged that an outdated Risk Management policy had been provided to the Assessment Team at the time of the Site Audit. The Approved Provider’s response included copies of the organisations current Risk Management Framework and Clinical Governance Framework.

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.