St Vincent's Care Services Toowoomba - Hostel

Performance Report

227 Spring Street
TOOWOOMBA QLD 4350
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**Commission ID:** 5079

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

**Site Audit date:** 1 March 2021 to 4 March 2021

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

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Infection Control Monitoring Checklist completed at the time of the site audit.
* the provider’s response to the Site Audit report received 31 March 2021

# 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 confirmed staff treated them respectfully such as using their preferred names and they were encouraged to do things independently including taking risks which enables them to live the best life they can. They confirmed staff were aware of their individual life journey and how this influences their cultural preferences in the delivery of care and services on a day to day basis. Consumers and representatives advised they were provided with information which enabled the consumer to make decisions about who was involved in their care, participation in activities and selection of meals aligned to their personal preferences. Consumers confirmed their personal privacy preferences were met including during interactions with staff and their information is secured to ensure confidentiality.

Policies, procedures and annual educational programs provided guidance to staff on fostering consumer choice, respecting diversity, interacting respectfully and meeting consumer preferences and legislative requirements for privacy and confidentiality.

Staff demonstrated respect towards consumers and knowledge of what was important to consumers, including maintaining their independence and could describe how they ensured that consumers’ preferences were understood and respected. Staff described various ways in which they provide information to consumers, including interventions for those consumers who experience cultural or physical barriers with communication. Staff demonstrated they were familiar with consumers’ backgrounds, the people who were important to consumers and could describe how they supported consumers to maintain relationships with family and friends.

Care planning documents were generally stored securely to ensure confidentiality and included information which reflected the consumers’ background, identity, cultural practices, individual preferences and choices.

Organisational policies, procedures, handbooks and meeting minutes established how the service understands and supports consumers to live their best life by promoting choice and their right to take risks. Care planning documents described areas in which consumers were supported to take risks and strategies for managing risks were identified in care directives. Meeting minutes

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 participated in initial and ongoing assessment and care planning processes including in response to changing consumer needs or when an incident occurred and confirmed they were kept informed of the outcome. Consumer’s confirmed they were aware of their care and services plan and these would be provided by the service if they asked for a copy.

Care planning documents confirmed assessment and planning processes were undertaken in consultation with the consumer and/or representative as well as other providers of care such as medical officers, specialists and allied health professionals. Care planning documentation detailed the individual consumer’s current needs, goals and preferences, including for management of mental health conditions, pain or falls, desire for resuscitation, palliative care and maintaining skin integrity. Care planning documentation was readily accessible by staff and visiting health professionals.

Clinical assessment tools were available to guide assessments and inform care and service plans with referrals initiated when additional assessment by allied health professionals was required. Care documentation confirmed assessments and care plans were completed upon entry, reviewed routinely and periodically in response to changes. Documentation evidences consumers were reviewed by medical officers, physiotherapists, dietitians and dementia specialists as required.

Staff were guided by pathways, procedures and flowcharts relating to care planning including palliative and advance care planning which was discussed with the consumer upon entry or during monthly reviews.

Clinical staff stated, and review of documentation confirmed, representatives were informed when a consumer’s health and well-being changed or following an incident. Clinical staff said care plans were routinely reviewed monthly and quarterly or when required such as behavioural or mobility changes, occurred.

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 safe and effective care through provision of care and support aligned to their personal and clinical care goals and needs. Consumers confirmed their needs and preferences were effectively communicated between staff and referrals were made in a timely manner. They said they had appropriate access to medical officers and a range of allied health professionals, including physiotherapists and dieticians.

Consumer progress notes, care plans and charts were individualised and demonstrated that care directives were implemented, followed and monitored to ensure it was safe, effective and tailored to the specific needs of the consumer. Care documentation also evidenced staff identified, communicated and responded to a deterioration or changes in a consumer’s condition and health status resulting in referrals to and recommendations from, a range of medical officers, specialists and allied health professionals.

Staff demonstrated knowledge of individual consumer’s needs and preferences including risks associated with consumers’ personal and clinical care such as oral intake restrictions, compromised skin integrity and chronic pain and described pharmacological and non-pharmacological strategies implemented to manage or minimise those risks.

Organisational policies and procedures were available and guided staff in the delivery of personal and clinical care consistent with best practice, including for minimising restraint, maintaining skin integrity and management of pain. These policies outlined, and staff demonstrated knowledge of, the requirements for assessment, review and monitoring the use of physical or chemical restraint, consumer pain and consumer wounds. Care documentation evidences assessment, treatment and monitoring regimes are established and actioned in relation to pain, skin management. Documentation relating to restraint, evidences its use was authorised, monitored and reviewed as required.

The service documented clinical and personal risks for each consumer within their care plans and monitors the impact or prevalence of risks such as pressure injuries, falls, medication errors and infections, through incident reporting and compilation of monthly clinical incident data which is analysed and trended.

The service had procedures to guide staff, and care documentation supports, palliative or end of life care was delivered in accordance with consumers’ advanced care plan or documented wishes and preferences. The service had registered staff on-site 24 hours a day and access to specialist palliative care support services to ensure the physical comfort of consumers approaching the end of life was maximised. Staff also have access to information on recognising and responding to deterioration or changes in a consumers’ condition. Care documentation supports staff respond appropriately including with referral to medical officers or transfer to hospital occurred when needed.

Staff advised and documentation confirmed, handover of consumer information including any changes in care needs, is undertaken verbally at the commencement of each shift and through alerts generated within the electronic care management system. Progress notes and care plans were updated following review by medical officers and allied health professionals who contribute to the care of consumers. Care documentation also evidences referrals to medical officers and allied health professionals are undertaken routinely and in a timely manner when responding to emergent health issues.

Information on infection control was generally displayed throughout the service. Staff demonstrated knowledge of interventions for the minimisation of infection related transmission risks including for COVID-19, with strategies implemented described pre-entry screening, annual influenza vaccinations, handwashing and use of personal protective equipment. Staff confirmed attendance at infection prevention training. Care and clinical staff also described strategies implemented to minimise the use of antibiotics and these reflected antimicrobial stewardship policy requirements. The service had a plan in place to prevent or manage an infectious 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*

*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 considered the services and supports they received for daily living enabled them to do the things they wanted to do, promotes their wellbeing and optimises their independence. Consumers were consulted in the design of and participated in programmed leisure and lifestyle activities that were tailored to meet their individual needs and preferences. Consumers were supported to pursue lifestyle interests or activities, assisted to maintain their personal relationships and the connections within and external to the service. Consumers confirmed that meals are of adequate quantity, quality and variety.

Staff demonstrated a shared understanding of what was important to individual consumers, what they liked to do, their emotional and spiritual support needs. Staff confirmed the leisure program contains both on-site and off-site activities which consumers are supported to attend. Consumers were informed of activities via a weekly calendar. Staff confirmed the activities program was monitored through feedback to ascertain consumer enjoyment.

Staff described individualised strategies to support consumers when they were feeling low or socially isolated including facilitating engagement with pastoral carers or family members, both in person, virtually and via the telephone. Documentation evidences consumers are referred to pastoral care. Staff confirmed transport services were arranged to assist consumers to attend external appointments or social events to maintain connections to the community. Visiting services, such as hairdressing was also arranged.

Equipment used to support consumers to engage in lifestyle activities, such as walking aids and wheelchairs, appeared to be suitable, clean and well-maintained. Staff confirmed they had access to televisions, a piano and exercise equipment to meet consumer needs and described how to report damaged or faulty equipment to initiate repair. Maintenance documentation evidenced reactive and proactive equipment maintenance was completed.

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 stated they felt safe and comfortable living at the service, the service environment is easy to navigate, and they have free access to both indoor and outdoor areas. Consumers and representatives said the service and the equipment provided was clean, well-maintained, were aware of how to raise requests for maintenance and confirmed these were actioned promptly. Consumers confirmed furniture met their needs. Consumers confirmed refurbishment of the service environment, including rooms, ensuite and communal areas, had recently been completed.

The service environment was secure, clean and tidy. The front reception area and broader service environment was welcoming, with clearly marked signs to assist people to navigate throughout the service. The service has closed-circuit television cameras within communal areas to promote consumer safety. Consumers have access to call bells within their rooms.

Furniture, fittings and equipment were clean, well-maintained and suitable for purpose. Mobility aids and hoists were in good condition and stored safely. Staff confirmed they had access to sufficient equipment to perform their roles and meet the needs of consumers.

Maintenance staff described how maintenance was managed at the service, including both reactive and preventative maintenance. The maintenance log evidenced regular and timely maintenance of the service environment. The preventative maintenance schedule included checking and cleaning of furniture and equipment. Staff demonstrated that they were aware of how to report items requiring maintenance and monitoring of the service environment was adjusted when deficiencies were noted.

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 confirmed they felt encouraged and supported to provide feedback regarding care and services and said if they had a concern, they felt comfortable to raise a complaint. Consumers described management as approachable and responsive to feedback. Consumers and representatives had been provided with information regarding external complaints organisations and had access to advocates, language and legal services to support a complaints resolution process.

The service had complaints management and open disclosure procedures to guide staff practice in the management of feedback or complaints. An information booklet, posters and brochures available throughout the service, provided information on how to access external complaints organisations, advocacy support or interpreter services. Feedback forms and a secured suggestion box was available for consumers and representatives.

Staff described the systems and avenues available to consumers or their representatives should they wish to provide feedback and were aware they could lodge concerns, access language, interpreter and advocacy services on behalf of the consumer.

Management demonstrated the service captures and manages feedback received through various internal and external mechanisms such as feedback forms, an electronic feedback register, case conferences and consumer meetings. Complaints and feedback are entered into the electronic management system, with relevant investigations, and outcomes documented. Documentation confirmed an open disclosure approach is taken in relation to the management of complaints.

Management demonstrated improvements had been implemented as a direct result of feedback or complaints received from consumers and their representatives. Reports on complaints and feedback are discussed at monthly meetings and reviewed by the organisation’s management and governing body.

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 confirmed staff are well trained, know what they are doing and are competent in their duties. They also confirmed there are sufficient staff to provide them with the care they need including being prompt in responding to calls for assistance. Consumers and representatives also expressed staff are kind, polite, supportive, gentle and respectful including by addressing them by their preferred name.

The organisation had systems and procedures in place to direct ongoing recruitment processes with core competencies established for each role, roster management with defined staff allocations and provisions for staff leave replacement, professional development including role specific and scheduled mandatory training. Staff performance reviews were undertaken annually and in response to incidents or complaints.

Staff undergo an orientation program with competency assessment included. Staff are required to complete mandatory training and accessed training through various mechanisms which included topics on person centric care, infection control, open disclosure and the Quality Standards.

Staff advised the skill mix and allocation of staff was sufficient to meet the care and service needs of individual consumers. Staff confirmed their participation in annual performance appraisals and attendance at training is monitored. Staff described management as responsive to requests for training and provided an example of care training delivered on care planning to meet an identified need.

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 to be well run and they informed the delivery of care and services, including implementation of pet therapy, new meals and choice of internal fittings and furniture during recent service refurbishment, via their feedback provided during meetings, discussions with staff and completion of surveys.

The governing body takes accountability for care and service delivery and ensures that the Quality Standards are met through monitoring performance reports provided by the service. The governing body meets regularly with consumers and their representatives to provide information on the ongoing operations of the service including changes made to promote safe, inclusive and quality care.

The service was able to demonstrate that effective governance systems were in place maintaining compliance with the Quality Standards and to deliver quality care to its consumers.

The service demonstrated it had effective information management systems to provide all staff with relevant and current information. Staff could readily access the information they needed about the organisation’s policies, procedures and about the care requirements of each consumer on the organisation’s electronic systems.

A continuous improvement system ensures opportunities to improve care and service delivery was identified through incident monitoring, consumer feedback, staff suggestions and audit results was recorded, monitored and evaluated to inform the service’s actions including in improving emotional assessment of consumers, falls prevention, laundry and meal services.

The service had an annual budget which was monitored, with expenditure reports generated monthly. The service was able to demonstrate replacement of multiple capital items including significant refurbishment of the service.

Management monitored legislation and advised any changes that may impact on the service’s operations were communicated to staff in emails and at monthly meetings with staff and consumers.

The organisation’s risk management framework incorporated policies and procedures that included the identifying and responding to abuse and neglect of consumers. Staff demonstrated they were aware of their reporting responsibilities in the event of an allegation of abuse raised with them or witnessed by them. Management confirmed daily monitoring ensured its systems were working.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff described how these policies influence their daily practice including ways they can minimise infection, provide apologies to consumers when a complaint is made and review of the use of restraint had resulted in alternatives to bed rails being implemented.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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