The House of Saint Hilarion

Performance Report

7 Kelly Avenue
SEATON SA 5023
Phone number: 08 8409 1500

**Commission ID:** 6504

**Provider name:** The Society of St Hilarion Inc

**Site Audit date:** 5 January 2021 to 8 January 2021

**Date of Performance Report:** 8 March 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.

# 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

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

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

The Assessment Team found overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Three consumers living in the memory support unit and their representatives said consumers are treated with respect.
* One consumer and two representatives interviewed said consumers are treated with respect.
* Three consumers and five representatives said consumers are encouraged to do things for themselves and staff know what is important to them.
* Consumers and representatives interviewed confirmed consumers’ personal privacy is respected.
* Three representatives interviewed said consumers’ culture, spirituality and beliefs are supported living in the service.

Lifestyle, care and clinical staff interviewed provided individual examples of how they support consumer choice so that they live the life they want. This included supporting consumers in relation to dignity and respect, their identity culture and diversity, risks related to everyday living and maintaining their independence and relationships of choice. Information is provided to consumers and their representatives, to allow them to make informed decisions about the care and services consumers receive.

The personal information collected by the service informs the care and service provided to consumers. Staff displayed an understanding and respect for consumers’ privacy, and how information is stored securely and confidentiality.

## 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

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

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

The Assessment Team found overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and/or representatives confirmed they are involved in the care planning and assessment process. Representatives confirmed they are contacted when incidents occur. Consumer and/or representatives confirmed they have access to consumers’ care and services plan.

The service has an assessment and care planning process which meets the needs, goals and preferences of consumers. The service has an admission process which involves staff completing a suite of assessments and is monitored by the Clinical Nurse Manager and unit Registered Nurse. Consideration of risks to the consumer’s health are considered through the use of a range of assessment tools. Assessments are completed in partnership with the consumer and/or representative and others. Care plans are regularly reviewed with the outcomes of assessments discussed with the consumer and/or representative.

## 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

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

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

The Assessment Team found overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and/or representative interviewed said consumers get the care they need and were able to provide examples. Examples included staff being available to provide care and services, such as for activities of daily living, wound care and pain management.
* Consumers and representatives interviewed said they have access to medical officers and other health professionals at the service and were able to describe examples of when the staff had engaged their services.

The service was able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice. The service has a range of assessments and policies and procedures to support staff in developing care and service plans. Consumer files viewed showed staff identify high impact and high prevalence risks for consumers, are able to recognise deterioration, refer where required, communicate information within the service and to others and review care and service plan when incidents impact on the needs, goals and preferences of consumers.

The organisation completes a monthly governance and risk committee report and monthly general incident analysis to ensure incidents, infections, antibiotic use restraint usage and outcomes from audits are effectively analysed, understood, considered and actioned.

### 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

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

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

The Assessment Team found overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

* Consumers interviewed confirmed they are supported to do the things they like to do, and staff tell them about what is happening in the service. Consumers said they can attend activities of their liking or spend time doing what they like, such as watching TV and listening to Italian radio.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them. Representatives confirmed consumers are supported to maintain relationships with their family members.
* Consumers interviewed said they like the food and are provided choice.
* Consumers and representatives said equipment is safe and well maintained.
* Consumers and representatives interviewed are satisfied consumers get the services and supports for daily living that are important to consumers.

The service was able to demonstrate consumers 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. Lifestyle care plans viewed demonstrated a leisure and lifestyle assessment is undertaken on entry. This includes information based on consumers’ social preferences for leisure activities, their spiritual and cultural needs and their relevant emotional, relationship and intimacy preferences.

There are established systems to support the services and supports for daily living that promote consumers’ emotional, spiritual and psychological well-being. This includes participation within and outside the local community and service environment to support consumers social and personal relationships to engage in things of interest to them.

Information about consumers’ care needs and preferences is communicated to relevant staff and authorised representatives. Referrals based on assessed care and lifestyle care needs are actioned in a timely manner to relevant service providers.

Meals provided are cooked fresh on site and are of suitable quality and quantity. Equipment provided is safe, suitable, clean and well maintained.

Staff interviewed confirmed they know and understand about who is important to consumers, what they like to do and about their care and lifestyle care needs.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

The Assessment Team found overall consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers interviewed provided responses of feeling at home in the service, feeling safe, liking their room and the access to outdoor areas.
* Consumers interviewed confirmed they are happy with the environment and the standard of cleanliness. They are provided with equipment which is well maintained and enables them to move around the service and are assisted by staff to access different areas of the services and attend activities and functions.
* One representative said the changes to the memory support unit are noticeable and the LED lighting and new furnishing make a different for their consumer’s behaviour.

The Assessment Team observed the service environment was welcoming, clean, well maintained and home-like, enabling consumers to move freely both indoors and outdoors throughout the service.

Consumer rooms were clean and well equipped, and the service environment and equipment appeared safe, clean and well maintained.

Observations in memory support unit showed consumers were calm, interacting with staff and able to move freely, in and out of their rooms and outdoors with supervision.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

The Assessment Team found overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* The majority of consumers and representatives interviewed said they felt comfortable raising their concerns with the service and confident that follow up action would be taken.
* Consumer feedback included, they had not had any concerns, but knew how to raise complaints if they needed to. Consumers advised they are listened to and were confident issue raised are responded to.
* Two consumers spoken to with the assistance of the interpreter said they understand how to make a complaint, they staff speak Italian and they can get their family to assist.
* One representative said staff and management understand and assist the consumer when they require extra support, they will speak to the consumer in Italian and inform the family when there are any issues. They representative said the service handle complaints well and will also refer consumers to the Mental Health and Well-being Officer who will assist the consumer.

The service keeps extensive documentation of all feedback, including who provides it and who is responsible for following it up, the action taken and dates of actions, reviews and closed.

Staff and management understand consumers and their representatives may need assistance to solve their issues and could describe the services process of referral to the other services both within and external to the service, including the Mental Health and Well-being Officer who will advocate on the consumer behalf or to the Aged Rights Advocacy Service.

The Assessment Team observed posters displayed throughout the service with information for consumers and representatives as to how to make complaints and provide feedback.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

The Assessment Team found overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Consumers and representatives interviewed said staff are kind, caring and gentle when providing care. They gave examples of staff spending time with consumers and listening to them. One consumer said staff always greeting them with a smile and speak to them in a respectful manner. One consumer said they try to speak to us in our language.
* All consumers and representatives interviewed said staff are knowledgeable and do their jobs to the best of their abilities. Consumers said they feel staff know what they are doing and trust them to care for them.
* Consumers and representatives interviewed were generally satisfied with the responsiveness of staff in relation to answering consumer call bells, two representatives said slow call bell response times had occurred.
* Call bells are reviewed and reported on monthly.

Consumers and representatives spoken to by the Assessment Team said staff were kind, caring and respectful of each consumer’s identity, culture and diversity. Management have reviewed their process for employment and values they are looking for in their staff. Staff were able to converse with consumers in their language. The service is continually reviewing its processes, including how they monitor staff and support staff to be the best they can. All professional registrations, credentials and qualification are maintained and reviewed, feedback from consumers and staff is encouraged and survey questions regarding staff knowledge and performance are regularly undertaken.

Management is currently reviewing their rosters to align staff with dedicated areas within the service. The organisation has recently reviewed its monitoring and professional development processes to support staff retention and development.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

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

The Assessment Team found overall sampled consumers and representatives considered the organisation is well run and they can partner in improving the delivery of care and services. For example:

* Consumers and representatives confirmed the service is well run. They provided examples, such having sufficient staffing, consumers enjoy their meals and staff know what they are doing.
* Consumers and representatives described being involved in the in the development, delivery and evaluation of care and services. Consumers described being able to have input into the service through the monthly consumer meetings, a range of focus groups, through surveys and through the care plan review process.

The service has effective governance systems to ensure the delivery of safe and quality care and service.

Consumers and representatives have input into the service through a number of feedback mechanisms. This includes a range of focus groups, surveys, and scheduled consumer meetings in addition to the care plan review process. Improvements within the service are communicated through monthly newsletters and consumer meetings.

The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. All Board members have had training on the Quality Standards. The values of the governing body are promoted and communicated throughout the service.

The service has a range of policies and procedures to ensure effective governance systems. A monthly Governance and risk committee report is completed which collates relevant information to inform key staff within the service and the Board.

The service has policies and procedures in relation to effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Staff were able to describe completing training on elder abuse and neglect of consumers and how they use this information to help identify and respond to abuse and neglect of consumers.

The service has a clinical governance framework which include antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff were able to provide examples of how clinical incident data is monitored and trended across the service and within the organisation. Management and staff were able to describe being aware of policies and procedures in relation antimicrobial stewardship, minimising the use of restraint and open disclosure and how they use this information as part of their work.

## 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.