The Whiddon Group - Casino

Performance Report

11 Gitana Street
CASINO NSW 2470
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**Commission ID:** 2722

**Provider name:** The Frank Whiddon Masonic Homes of New South Wales

**Site Audit date:** 25 May 2021 to 28 May 2021

**Date of Performance Report:** 2 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.
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers confirmed they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and were encouraged to do things independently. Consumers were supported to take risks to enable them to live the best life they can. Consumers and representatives advised they were provided with information which enabled consumers to make decisions about who was involved in their care, participation in activities and meal selections aligned with their personal preferences. Consumers confirmed their personal privacy preferences were respected and their information was securely stored to maintain confidentiality.

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

Staff were respectful towards consumers and had a shared understanding regarding what was important to consumers, including maintaining their independence. Staff were aware of consumers’ preferences which were understood and respected. Staff had a shared understanding regarding the various ways in which they provide information to consumers, including for those consumers with cultural or physical barriers in communication.

Staff were familiar with consumers’ backgrounds, the people who were important to consumers and how they could support consumers to maintain relationships with family and friends.

Care planning documents were stored securely to ensure confidentiality and included information which reflected the consumers’ background, identity, cultural practices and individual preferences and choices. Care planning documentation included information regarding the areas in which consumers were supported to take risks and strategies for the effective management of those risks.

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.

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

Most consumers and representatives considered they felt like partners in the ongoing assessment and planning of their care and services which occurred on entry to the service and on an ongoing basis. They said staff respected what was important to them in terms of how their care was delivered. Some consumers and representatives said staff had discussed their end of life preferences with them. They said they had access to the consumer’s care and services plan upon request.

Consumers and representatives said the service sought input from other providers involved in consumer’s care, including MO’s, allied health professionals and other specialist services as required. Consumers and representatives confirmed their care and services were reviewed regularly, when their needs changed or following incidents.

Care planning information was individualised and included identified risks for each consumers’ health and well-being including but not limited to, chemical restraint, indwelling catheter management, diabetes and falls. Care planning documentation was regularly reviewed, and information was updated when changes occurred. Some care planning documents included advance care planning and end of life planning. Care planning documentation reflected the involvement of the consumers and others involved in their assessment and planning including, but not limited to, the Medical officer, physiotherapist, nurse practitioner, dietician and psychologist. Consumers and representatives could access care plan information in relation to their wounds, medical diagnosis, mobility and dietary requirements.

Staff had a shared understanding of the relevant risks to consumers’ health and well-being. Management advised end of life planning is discussed with consumers and representatives on entry to the service and during care plan review processes. They confirmed registered staff could initiate referrals to Medical officers and other allied health services when required. Staff confirmed they could access care plan information through the service’s electronic care management system and were informed of changes to consumers’ needs and preferences during handover. Summary care plans and manual handling guidance were available in consumers’ rooms for staff to refer to.

The organisation had policies and procedures available on the service’s intranet and in staff rooms regarding assessment and care planning. The service monitored clinical indicators, including pressure injuries, medication incidents, restraint and falls each month. The service had made improvements to their clinical incident data collection processes which has resulted in more detail regarding incidents being collected and reviewed by management.

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 said they considered the care they were receiving to be safe and right for them which met their needs and preferences. Most consumers and representatives sampled said consumers received the care they needed it and have access to a Medical officer or other health professionals when required. Consumers and representatives confirmed the service contacted them regularly regarding the clinical condition of consumers.

Care plans reflected care that was supported by best practice, tailored to the specific needs of consumers and optimised consumers’ health and well-being. Care information reflected the appropriate assessment, authorisation, monitoring, consultation and review processes for consumers who required restrictive practices. Wound care documentation included photographs, recorded measurements and was attended to in line with wound management directives. The pain management needs of consumers were managed effectively and included both pharmacological and non-pharmacological strategies.

Care documentation for those consumers receiving end of life care confirmed their comfort and dignity was maintained and pain management needs were regularly reviewed. Care planning documentation reflected the involvement of all those responsible for consumers care including their Medical officer, representatives and allied health professionals.

Staff had a shared understanding of consumers individual needs and preferences and how these were managed in line with their care plan. Care staff confirmed registered staff were always available to review the care needs of consumers. All clinical and care staff had a shared understanding of how to manage individual risks for consumers. Care staff were aware of how to ensure the comfort of consumers receiving end of life care is preserved. Staff followed the service’s escalation processes when clinical deterioration or changes in consumers’ conditions were identified.

Staff had a shared understanding of the service’s referral processes which could be initiated by Registered nurses. Staff had received infection control training which included, donning and doffing of personal protective equipment and handwashing competencies. Staff could describe strategies employed to minimise the use of antibiotics including, but not limited to, increasing hydration, pathology screening processes and encouraging good personal hygiene practices.

The organisation had policies and procedures for key areas of care including, but not limited to, restraint, skin integrity and pain management. The service collects and analyses clinical indicator data each month including falls, infections and pressure injuries which were reported to the Board and benchmarked against other services. Registered staff were available 24 hours per day to support and monitor care delivered to consumers nearing the end of their life. The service had an infection prevention and control policy in place and a designated infection prevention and control lead.

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 said they were supported by the service to do things they wanted to do which was important for their health and well-being. Consumers living within the service were supported to participate in a variety of activities. Activities were developed to support the shared interests of consumers including, but not limited to, coffee club, Men’s club, art class and animal therapy. Consumers and representatives said they were encouraged to keep in touch with people who are important to them. Consumers were supported to maintain contact with family and friends using smart phones and electronic tablet technology for messaging and video calls during COVID-19 visitor restrictions.

Consumers confirmed they were provided with accurate and timely information which enabled them to make decisions regarding their day including meal choices and activities. Consumers and representatives said referrals to other organisations and providers were timely and appropriate. They said they enjoyed the food, have plenty to eat and their input regarding meals was sought by hospitality staff.

Care planning documentation reflected consumers’ interests and included information regarding how staff could support them to do things they enjoyed doing. Information regarding consumers’ emotional, spiritual and previous life experiences was recorded in care documentation. Care documentation included information regarding personal relationships consumers wanted to maintain and strategies used to support consumers’ participation in activities within the service and in the broader community. Changes in consumers’ needs and preferences were recorded in progress notes and electronic alerts were activated to ensure staff reviewed changes in consumer’s information. Care information reflected referrals to others involved in the provision of lifestyle supports occurred when required. Information regarding the dietary requirements, preferences and allergies of consumers were recorded in care plan and catering information.

Staff had a shared understanding of what was important to individual consumers to support their needs, goals and preferences to promote their independence and quality of life. Lifestyle staff confirmed a variety of services were available to support consumers’ emotional, spiritual and psychological well-being including, but not limited to, catholic and Anglican services, the salvation army and psychology services. Staff said they supported consumers to maintain personal relationships and were aware of those who were important to them. Staff confirmed the service’s electronic care management system alerted staff to changes or other information pertinent to consumers’ needs and preferences.

The lifestyle team engaged representatives, volunteers, entertainers and community groups to develop activities for the service’s lifestyle program including, but not limited to, video calls, entertainers and an art teacher. Catering staff confirmed consumers were supported to provide regular feedback regarding the service’s menu.

Feedback regarding the service’s lifestyle supports was obtained through the service’s internal feedback processes, observations and monitoring consumer engagement levels. Consumer artwork was displayed throughout the service and is scheduled to be shown at a local art gallery in September 2021. The service’s living environment included communal dining areas, outdoor seating areas and a designated activities room to facilitate activities and sharing meals with friends and family.

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 and representatives said the service environment was welcoming and visitors were encouraged to participate in activities. Consumers described how they accessed activities in the service, quiet areas and garden areas throughout the service. Consumers confirmed they enjoyed sitting outside in the communal areas, which included an external barbeque area and garden areas with shaded seating. Consumers and representatives said the services’ furniture fittings and equipment was always clean and well maintained.

Management said consumers were supported to provide input into the aesthetic design of furniture in the service’s living environment. Staff had a shared understanding of the service’s maintenance reporting processes and their individual responsibilities for ensuring shared equipment was cleaned regularly between consumers.

Consumers could move freely within and outside to access all areas of the service. Furniture was clean, safe, well maintained and suitable for consumers. Call bells and equipment was monitored and checked regularly to ensure they were safe and functioning effectively. Maintenance staff were available to ensure corrective and preventative maintenance activities were completed.

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 were encouraged and supported to give feedback and make complaints, and that appropriate action was taken. They were aware of external advocacy and complaints services and confirmed when concerns have been raised, the service responded promptly, and appropriate actions were taken. Consumers and representatives said service improvements were initiated as the result of their feedback.

Staff had a shared understanding regarding the systems and avenues available to consumers or their representatives should they wish to provide feedback and were aware they could lodge concerns and access advocacy services on behalf of the consumer. Management confirmed open disclosure processes were used in response to feedback, complaints and incidents.

Documentation reflected an open disclosure was used in the service’s complaints management processes. The service captured and managed feedback received through various mechanisms in an electronic register with relevant investigations, and outcomes documented.

Improvements were implemented as a direct result of feedback or complaints received from consumers and their representatives. Reports regarding complaints and feedback were reviewed by the organisations governing body.

The service had complaints management and open disclosure procedures to guide staff practice in the management of feedback or complaints. A consumer handbook, posters and brochures were available to consumers and provided information regarding external complaints organisations, advocacy support and legal services.

Feedback forms and a secured suggestion box were available for consumers and representatives.

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 were sufficient staff to provide them with the care they needed, staff were prompt in responding to calls for assistance and were kind, caring and gentle.

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. Staffing allocations are reviewed regularly in line with consumers’ care needs.

Management advised representatives from the local Aboriginal medical service had been approached to ascertain strategies to increase the community's engagement with consumers of Aboriginal descent who reside at the service.

Staff undergo an orientation program on commencement and have access to ongoing professional development including role specific and scheduled mandatory training. Staff advised the skill mix and allocation of staff was sufficient to meet the care and service needs of current individual consumers.

Staff confirmed their participation in annual performance appraisals and their attendance at training is monitored. Staff described management as responsive to requests for training and gave examples of support provided by the organisation to access further training opportunities. Clinical incident data was monitored closely to identify any additional staff training needs. The service had a staff performance framework which includes the requirement for staff performance to be reviewed each year and their training needs identified.

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 was well run and they could partner in the improvement of care and services including the implementation of a men’s club, choice of internal furniture and improving the meal and dining service.

The governing body takes accountability for care and service delivery and ensures the Aged Care Quality Standards are met through monitoring performance reports provided by the service. The governing body has met with consumers to provide information regarding the organisation’s strategic plan and consulted with consumers in relation to the changes to room configurations to promote safe, inclusive and quality care.

The service had effective governance wide systems in place regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation’s risk management framework incorporated policies and procedures that included identifying and responding to abuse and neglect of consumers. The organisation had a documented incident management policy which ensured incidents were identified, managed and strategies to prevent reoccurrence had been considered.

Staff demonstrated they were aware of their reporting responsibilities in the event of an allegation of abuse raised with or witnessed by them and daily monitoring ensures the systems are working.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraints and an open disclosure policy. Staff had a shared understanding of how these influenced their daily practice including, but not limited to, the minimisation of infections, apologising to consumers when a complaint is made and reducing the number of consumers using bed rails and psychotropic medications.

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.