TriCare Cypress Gardens Aged Care Residence

Performance Report

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**Commission ID:** 5460

**Provider name:** Tricare (Country) Pty Ltd

**Site Audit date:** 6 July 2021 to 8 July 2021

**Date of Performance Report:** 5 August 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.

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 27 July 2021.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Overall consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example, staff know consumers as individuals, treat them with respect and dignity and value their individual identities. The service supports consumers to be independent, exercise choice and make decisions about care and services provided, including supporting consumers to take risks to remain socially and physically independent. Consumers and representatives confirmed consumer’s personal privacy is respected.

Staff demonstrated an understanding of consumers’ background, culture, values and beliefs and how this influenced day-to-day care and services. For example, staff were aware of consumers’ preferred names and could describe individual consumers daily routines. Staff described ways they enable and support consumers’ choices and preferences, including maintain relationships of importance to the consumer.

Staff described various ways the service provided information to consumers including through noticeboards, verbal and written communication and newsletters. Staff said consumer information is stored in password protected computers or locked work areas and only accessible by appropriate personnel.

Staff described various ways the service provided information to consumers about meal options, services available, leisure activities, and visiting services. Staff provided an example of how they use communication cards to provide information to a consumer with impaired hearing.

Staff said consumer information is stored in password protected computers or locked work areas and only accessible by appropriate personnel.

Care planning documentation demonstrated consumers had dignity of risk assessments completed for undertaking risk associated activities of their choice.

Review of documentation provided to the Assessment Team demonstrated the service supports consumer choice and independence through attendance at consumer meetings where consumer feedback is encouraged.

The Assessment Team observed staff interactions to be kind, caring and respectful of consumers privacy, including staff utilising ‘staff member in attendance’ signs on closed consumer doors.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives considered that are partners in the ongoing assessment and planning of the consumers’ care and services. They expressed satisfaction with the information provided, and their involvement in care planning processes. Consumers and representatives said they are informed about the outcomes of assessment and care planning and can access the consumer’s care and services plan if they wish.

Consumers and representatives said the service seeks input from other providers who are involved in the consumer’s care, including Medical officers and other health professionals as required. Consumers and representatives said they had either made their end of life wishes clear or did not wish to discuss, however they would be comfortable to approach the clinical staff or management if they needed.

The Clinical Manager and Registered Nurses described how the service’s assessment and care planning processes identified individual consumers goals, needs and preferences that informed the care and service plan development and delivery of care. Registered Nurses demonstrated understanding of the service’s assessment, care planning and evaluation process including involvement with others the consumer wishes to be involved and consideration of individual consumers risk/s. They described conversations about end of life and advanced care planning are approached as part of the initial assessment and at scheduled care plan reviews.

Care staff described what is important to individual consumers in regard to how their personal and clinical care is delivered, including their needs, goals and preferences. Care staff said consumers’ current needs and preferences were documented in care plans and confirmed they had access to these. Care staff said they are advised at shift handover of any changes in consumers’ health and well-being, including if a consumer is referred to another health professional. Staff demonstrated awareness of incident reporting processes and how these incidents may trigger a re-assessment or review of consumer’s care and services.

Care planning documentation identified initial assessments and care planning completed on consumer’s entry to the service; and care and service plans are reviewed weekly, three monthly or if there is a change consumers health or wellbeing. Care planning documentation reflected individualised consumer’s needs, goals and preferences and regular review in partnership with the consumer and representative, including when there were changes in consumer’s condition.

The service had policies and procedures to guide staff in the assessment and planning process.

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 considered consumers received personal care and clinical care consumers that is safe and right for them. They provided examples of how staff ensure the care provided to consumers was right for them, including regularly asking them about the consumer’s care, the way it is delivered and involving them in discussions regarding alternative care options. Consumers and representatives expressed satisfaction that consumers needs and preferences are effectively communicated and referrals to Medical Officers and/or other health professional were timely in response to consumers changing personal and/or clinical care needs.

Staff described the individual needs, preferences and clinical and/or personal care risks for individual consumers and how these are being managed or monitored. For example, monitoring of blood glucose levels for a diabetic consumer. Staff said the service had policies and procedures available on the intranet to guide practice and support safe and effective consumer care delivery.

Registered Nurses described the high impact and high prevalence risks for consumers at the service, including falls, medication management, pain management and risk of infections; and review of care documentation identified individual consumers risks. Registered staff described actions that would be taken if a consumer showed signs of deterioration, including completing a full physical assessment of the consumer, notifying the Medical Officer and representative, and referring to the consumer’s Advanced Health Directive or Statement of Choices to guide care. Care staff said they observe consumers for signs they may be unwell, including changes in behaviour, and report these to Registered staff.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care planning documentation included evidence of how staff had supported consumers including those with high impact and high prevalence risks. For example, for one named consumer who is high risk for falling and responsive behaviours, care documentation identified individualised strategies to guide staff when the consumer is wandering and/or becomes agitated. Documentation demonstrated referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status.

The Assessment Team reviewed the care documentation for consumers prescribed psychotropic medication for the purposes of chemical restraint and established that informed consent and authorisation had been obtained for the use of the psychotropic medication. Consumers with physical restraints had authorised consents for the restraints.

The service had a suite of policies, procedures and tools in place to support the delivery of care provided, for example in relation to restraint, nutrition, skin integrity, post-falls management, pain management, and recognising and responding to consumer deterioration. The service had implemented policies and procedures related to antimicrobial stewardship, infection control and outbreak management to guide staff. The service had a nominated Infection Prevention and Control Leads who had completed training as required by the Department of Health.

Staff confirmed they have received training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment and cleaning processes. Practices were in place that demonstrated that the service had planned and is prepared for a potential outbreak.

The service had systems and processes to monitor care delivery including monthly clinical incident reporting, monthly clinical audits, whole of service audits and staff training to support best practice.

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

Overall consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. They said consumers are supported by the service to participate in activities of choice and provided examples such as group exercises, craft, bingo and music sessions.

Consumers and representatives said the service supported the individual needs of consumers, including supporting them to be as independent as possible and maintaining relationships of importance both inside and outside of the service.

Staff described what is important to individual consumers and how they support consumers’ needs, goals and preferences to promote independence and quality of life. For example, one named consumer enjoys attending lifesaving events and had recently been skydiving; for a second named consumer who is vision impaired and enjoyed reading the service accessed audio books to support. Lifestyle staff described how the service involves consumers in planning activities by seeking feedback at consumer meetings.

Most consumers and representatives expressed satisfaction with the food provided at the service and are satisfied with the quality and variety of meals. Consumer described how they choose their meals each morning from a menu which offers choice of main meals, including meals that cater for special dietary needs and preferences.

Care planning documentation included information about consumers life history and individual interests and about relationships consumers wish to maintain. Care planning documentation reflected involvement of others in the provision of lifestyle supports including external services and input from representatives. For example, one named consumer had been referred to an exercise physiologist for development and implementation of a walking program to increase walking endurance to support a mobility goal.

Staff confirmed they had access to and sufficient equipment available to support delivery of care and services. At the time of the Site Audit, the Assessment Team observed the mobility aid of a named consumer to move when brakes were applied. The service’s Maintenance Manager said the inspection, monitoring and repairs of consumer equipment was not scheduled in the preventative maintenance logs. In response to the Assessment Team’s feedback the service and immediate action was taken to included consumer mobility aids in the preventative maintenance schedule.

The Assessment Team observed a consumer undertaking a ‘window visit’ with a family member and another consumer being advised a video call would be organised in response to a request to see 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 considered that consumers felt safe and comfortable at the service, and expressed satisfaction with the service environment. For example, consumers and representatives said the service is clean and well maintained and consumers can navigate around service with ease.

Staff described the features of the service that ensured consumers had a sense of belonging, enhanced consumers independence, interaction and function including for those with cognitive impairment.

Staff described the process of reporting maintenance requests, including when a hazard or risk to staff or consumers that had been identified, and staff confirmed maintenance requests are responded to in a timely manner. Staff said the service had implemented additional high-touch surface cleaning as part of the service’s cleaning schedules.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumers were observed to move freely around communal areas of the service. Consumer rooms were personalised and decorated with furniture, paintings, photographs and crafts to reflect their individuality.

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

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives expressed they felt comfortable in raising concerns and providing feedback. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner, and an apology and explanation provided.

Management said consumers and representatives are advised about internal and external complaints processes on entry to the service, and information is also included in the consumer handbook. They said consumer and representative feedback is encouraged via consumer meetings, care reviews and surveys. Review of documentation provide by the service to the Assessment Team confirmed these feedback mechanisms.

Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint. Staff said if they can, they resolve complaints immediately, however if the issue could not be resolved, they would inform the Registered Nurse.

Management provided examples of when the service had responded to concerns raised by consumers and representatives using an open disclosure approach, including discussion of strategies for resolving complaints in a transparent and timely manner. Most staff demonstrated an understanding of an open disclosure process including providing an apology and offering an explanation.

Review of the service’s complaints register provided to the Assessment Team identified the actions and communications which were followed by management to resolve the complaint.

The service had an Open Disclosure policy and procedure to guide management and staff in relation to complaints management.

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

Overall, consumers and representatives considered that consumers receive quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and representatives confirmed that staff are kind and caring and respectful of individual consumers identity, culture and diversity; and provided examples of what this meant to them such as being supported to participate in events of cultural significance.

Most consumers and representatives said there were sufficient staff to support care and services. However, five named consumers said whilst staff respond to their calls for assist, during mealtimes there can be delays. In response to the Assessment Team’s feedback to Management, the service took immediate actions including review of consumer care plans, a survey of all consumers in relation to delays in care and service; and a roster review including analysis of staff duties. Management documented these actions in the service’s Plan for Continuous Improvement.

Overall, staff said shifts are replaced and they had enough staff rostered. They said there was adequate time to attend to consumers’ personal preference and care needs. However, care staff advised during mealtimes there may be delays as they are providing meals to consumers in various areas across the service.

Management described how they determine whether staff are competent and capable in their role, which included specific skills assessments, direct observations of staff, performance appraisals, and review of professional qualifications. Staff confirmed they had completed mandatory training and competency assessments, including manual handling, fire training, infection control and COVID-19 training including appropriate use of Personal Protective Equipment and handwashing. Staff expressed satisfaction with the service’s training program and said they had access to internal and external training opportunities.

Review of roster allocation sheets for the four period prior to the Site Audit, identified all rostered shifts were filled and staff on leave were replaced.

The organisation had a staff performance framework supported by policies and procedures, that included probationary performance reviews, annual performance appraisals and mandatory education.

Across the Site Audit, the Assessment Team observed staff responding promptly to consumers requests for assistance, medications being administered as scheduled and scheduled services and activities occurred at designated times.

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

Overall consumers and representatives considered that the organisation is well run and they are involved in the development and evaluation of services. For example, consumers and representatives said they were involved in the review of the service’s new menu, and on a day to day basis they are encouraged to make suggestions to enable the service to support them to live the best life they can.

Consumers and representatives said they are consulted about the consumer’s care and service needs and felt confident raising any issues or concerns with management. They said the service makes changes in response to their feedback or when something had gone wrong to prevent it happening again.

Review of documentation provided to the Assessment Team identified the service had a Consumer Committee coordinated by consumers. The committee provided opportunity for consumers to raise issues or concerns, and to make suggestions or changes to the service’s lifestyle program. Review of the Consumer Committee meeting minutes demonstrated that twelve consumers regularly engaged on this committee.

Management at the service demonstrated how the organisation’s governing bodies promoted a culture of safe, inclusive and quality care. For example, in response to the COVID-19 pandemic the organisation developed and implemented systems at the service in response to monitor and manage any potential risks, including an Outbreak Management Plans, training of two Infection Prevention and Control Leads, and initiating COVID-19 vaccination clinics at the service. The organisation demonstrated established reporting systems provide the organisation’s governing body with timely information about the performance of the service to enable accountability.

The organisation has implemented effective governance systems, effective systems to manage high impact and high prevalence risks and a clinical governance framework.

The organisation had risk management systems, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed; abuse and neglect of consumers is identified and responded to; and consumers are supported to live the best life they can. Staff had been educated about these policies and provided examples of their relevance to their work.

There are policies to guide staff practice including in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff were familiar with these policies and could describe how they applied to the work that they do.

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.