Villa Pelletier Hostel

Performance Report

48 Ruislip Street
LEEDERVILLE WA 6007
Phone number: 93818000

**Commission ID:** 7092

**Provider name:** Southern Cross Care (WA) Inc

**Site Audit date:** 20 October 2021 to 22 October 2021

**Date of Performance Report:** 24 November 2021

# Performance report prepared by

Glenda Cherry, delegate of the Aged Care Quality and Safety Commissioner.

# 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 Commissioner’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 dated 20 to 22 October 2021 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider did not submit a response.

# 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

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and are supported to enable them to live the life they choose. Consumers said staff make them feel accepted and valued, they are encouraged to participate in activities within and external to the service and are supported if they choose to take risks. Consumers said they are supported to maintain family relationships and friendships via visits and using electronic means of communication.

Consumers said care and services are delivered demonstrating respect of their culture and diversity. Staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services and information provided to enable consumers to make informed decisions.

The Assessment Team observed staff affording consumers privacy in aspects of their life, including when cares are being delivered and respectfully interacting with consumers in a considered manner. Care staff described consumers’ personal life history and culture and how these aspects are considered when providing care and services.

Registered staff gave examples of supporting consumers to make informed choices relating to their care through engagement and consultation during assessment and care and services planning processes. There are a variety of methods to ensure consumers and their representatives remain informed. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and communicating with others.

Documentation detailed the organisation’s expectations in relation to the Quality Standards. There are policy and procedural documentation to guide staff in delivering care in a personalised manner, taking into consideration cultural diversity needs and perspectives.

Care and services planning consider religious affiliations, personal beliefs, cultural and ethnic needs specific to each consumer and discussion of mitigation strategies relating to risk. There is a process to ensure consumer files and personal information is stored in a confidential manner.

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

Sampled consumers consider they are involved in initial and ongoing assessment and planning of their care and services, including end of life planning needs. Consumers and representatives (where consumers choose) said staff involve them in the assessment and planning process through conversations and meetings on a regular ongoing basis, and/or when consumers’ needs change. They said staff explain risks relating to individual choices and discuss end of life wishes.

Consumers and representatives confirm involvement in the outcomes of assessment and care and services planning, and have access to care plan documentation. Medical officers, specialists and external health professionals are included in this process.

Registered nurses and care staff described the assessment, planning and review processes and how consumers and their designated representatives are involved. Clinical risk assessments are completed. Analysis of clinical data is used to drive improvement opportunities.

The organisation has a documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities in this process and gave examples of individualised care and services planning outcomes for consumers.

The Assessment Team reviewed assessment, care and services planning documentation and identified reviews and case conferencing meetings are completed regularly with input from consumers and others they wish to be involved; including medical officers, specialists and allied health professionals. Interviews with management, staff and consumers, and document review evidenced assessment and care planning inclusive of risk consideration. Care and services plans contain information relative to risks to each consumer’s health and well-being and detailed agreed strategies to mitigate risk.

There are policies and procedures to guide staff in their approach to requirements included in this Standard. The organisation monitors, reports and strives to continuously improve assessment and planning of care and services.

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

Sampled consumers consider they receive personal and clinical care that is safe and right for them, provided in a timely manner as per their needs, and optimises their health and well-being. Consumers and representatives are involved in advanced care planning discussions and planned outcomes during initial discussions and/or when consumers’ needs change. Consumers and representatives expressed satisfaction with access to doctors and specialists and information provided to them relating to clinical and personal care needs.

Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and provided examples of organisational supports to guide them in delivering personal and clinical care that is best practice, individualised and tailored to consumers’ specific needs. Staff described the process for reporting and documenting changes in consumers’ needs to ensure these needs are addressed and the process of communicating care needs post medical officer and/or specialist review. Staff expressed an understanding of how to recognise and respond to consumers’ decline in health and/or when palliative care is required.

The service demonstrated processes for involvement with consumers to identify individuals, organisations and other providers to meet consumers’ individual needs. The service demonstrated application of appropriate precautions to minimise and prevent transmission of infections and appropriate use of antibiotics.

The service demonstrated how high impact or high prevalence risks, such as mobility loss, unplanned weight loss, disruptive behaviours, pain management and choice of smoking are effectively managed. Clinical staff gave examples of care resulting in improved outcomes for consumers. Clinical staff demonstrated an understanding of individual and organisational risks for consumers and strategies utilised to minimise risk.

The service demonstrated 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. The service demonstrated appropriate and timely referrals occur and subsequent interventions and recommendations implemented.

Through file review the Assessment Team identified minimal documentation relating to assessment and effectiveness of pain management medication and minimal progress note documentation for one consumer. Management acknowledged a gap in relation to this process and advised monitoring processes being implemented to ensure staff adherence to required documentation.

Best practice guidelines are used to ensure organisational policies and procedures reflect contemporary practices to support and guide delivery of care to meet consumers’ needs, goals and preferences. A clinical governance framework monitors individual and service wide risks to ensure appropriate management and mitigation strategies are instigated where required.

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 supports 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

Sampled consumers consider they get the services and supports to daily living that are important for their health and well-being and enable them to do what they want to do. The service has a range of methods for ensuring consumers provide input into the services and supports they choose and are of importance to them.

Consumers gave positive feedback in relation to staff supporting them to keep in touch with those of importance; they are supported to attend activities within and external to the service; spiritual services are available and there is a variety and sufficiency of foods they like. Consumers said staff have an awareness of their food preferences and dietary needs and they are satisfied with the cleanliness of well-maintained equipment to support them in optimising independence, well-being and their quality of life.

Staff interviewed demonstrated knowledge of consumers’ individual preferences/needs and described services and supports to assist consumers’ independence in activities of daily living. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service. Staff described services and supports to promote emotional, spiritual and psychological well-being. There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters via a variety of methods to include consumers with reduced functional, visual or cognitive deficits and for consumers who prefer not to participate in group settings.

Management and staff described emotional, spiritual and psychological supports available for consumers, including access to pastoral care teams, attendance at spiritual services, and spending individual time with consumers who prefer not to participate in communal activities.

Care planning documentation for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance. Care planning documentation detailed timely referrals to appropriate specialist relative to consumers’ needs including Occupational Therapist, Physiotherapist, Dietician, pastoral care providers, Community Visitors Scheme and mental health providers.

Policies and procedures are available to guide staff in relation to safe and effective services and supports that optimises consumer’s independence, health, well-being and quality of life.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. Consumers were observed to be engaged in activities and partaking of meals. The Assessment Team observed the service environment to be clean and furniture/fittings observed to be clean, well-maintained and suitable for consumer use.

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

Sampled consumers consider they belong, feel safe, comfortable and at home within the service. Consumers reported a range of feedback, including they feel safe and at home, visitors are made to feel welcome, there are several areas available to interact with others; satisfaction with cleaning of equipment and an environment they find easy to navigate, including access to outside areas of choice.

Staff described the process for ensuring equipment is cleaned and maintained and advised training of equipment use is provided. There is a preventative and routine maintenance program.

The service environment maximises support for consumers’ independence via navigational aids and directories, seating areas, lighting and signage along corridors. Pictures, room identification and objects are strategically located for improved wayfinding.

The Assessment Team observed the service environment to generally be clean and welcoming, however, some communal bathrooms requiring additional cleaning. Management and staff have awareness of specific areas requiring additional cleaning practices. Corridors are equipped with handrails and furniture/fittings were observed to be clean, well-maintained and suitable for consumer use. Consumers, visitors and staff were observed to be utilising both internal and external communal areas.

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

Sampled consumers and representatives consider they are encouraged and supported to give feedback and complaints, and appropriate and timely action is taken. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers provided a range of feedback, including expressing confidence they could make complaints, felt safe to do so, are familiar with the ways in which to communicate their feedback and concerns and gave examples where their concerns were promptly resolved. Consumers and representatives interviewed said when concerns regarding any aspect of care or services are raised, they are dealt with appropriately and in a timely manner. Consumers described management and staff as approachable and understanding which encouraged them to voice their opinions and concerns.

Staff gave examples of how they manage the process when consumers, or their representatives, approach them with concerns about care and services. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers and the open disclosure processes utilised.

Documentation detailed policies and procedures to guide management personal and staff in managing and documenting feedback and complaints which are analysed for trends and outcomes utilised to improve quality of care and services. There is information for consumers and representatives regarding advocates and external modes of complaints management. Information is displayed throughout the service detailing complaints mechanisms available. An interactive feedback forum has been obtained to enable capture and incorporation of consumer feedback into care and service delivery improvements.

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 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

Samples consumers consider they get quality care and services from management and staff who are knowledgeable, capable, skilled and caring. Consumers said staff are kind, caring and gentle when providing care, know the consumers well and know what they need to do, they feel safe when staff are assisting them, and there is enough staff to provide care and services in a timely manner.

Staff said they are provided with equipment and supports to carry out their roles and receive ongoing support, training, professional development, supervision and feedback from management. Staff in all roles said there are enough staff to manage workflows and respond to consumers’ needs.

The Assessment Team observed staff interactions with consumers to be kind, caring, patient and respectful of each consumer’s identify, culture and diversity.

Management personnel demonstrated the standard of service the organisation requires, and care approach used to guide staff in the delivery of safe, respectful and culturally safe care. Education, training, policies and procedures promote organisational expectations relating to consumer interactions. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

Education and training records demonstrate examples of training provided to staff regarding person centred care and the Aged Care Quality Standards plus the competencies required for each role.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers and representatives consider the service is well run, they can partner in improving delivery of care and services in a variety of ways. The organisational governing body ensures consumers and representatives are engaged in aspect relating to consumer care.

The organisation demonstrated effective governance systems relating to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and a clear organisational escalation and reporting pathway. Governing body involvement in the overarching running of the service was evident due to the clinical and reporting governance frameworks ensuring their involvement and accountability. The clinical governance framework includes evidence relating to the management of antimicrobial stewardship, minimising use of restrictive practices and open disclosure.

The Assessment Team observed documentation, and management and staff demonstrated opportunities for improvement are identified, critical incidents are used to drive continuous improvement and there is a process for the governing body to ensure the Quality Standards are met.

The service provided examples of consumer and representative engagement in decisions relative to consumer care and services and demonstrated consumer involvement in the implementation of continuous improvement. Examples of improvement include enhancement of the outdoor designated smoking area and increasing parking bays area. Management advised an electronic care management system is pending installation.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, clinical and risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures which support both frameworks, including ensuring effective risk identification and management to support consumers safety and wellbeing.

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.