Wilson Lodge

Performance Report

155 Guthridge Parade   
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**Commission ID:** 3475

**Provider name:** Central Gippsland Health Service

**Site Audit date:** 24 March 2021 to 26 March 2021

**Date of Performance Report:** 7 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Infection control monitoring checklist

# 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

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

Overall consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. For example:

* Consumers and representatives said staff made them feel respected and described ways their individuality and identity are valued.
* Consumers and representatives described feeling informed and supported in making choices, were able to describe who is important to them and how they are involved in care.
* Consumers said they receive information in newsletters, at meetings, from talking to staff and posters displayed around the service.
* Consumers said their privacy is respected at the service and staff ask them for their consent before entering their room or attending to care.

Staff described how they support consumers to make choices about their own care. Staff described how they support consumer’s important relationships through detailed initial assessment, finding out what is important, regular reviews and asking consumers their wishes whenever there is a decision about care. Staff demonstrated understanding of how individual identity and experiences shape preferences and care needs.

Care planning documents were diverse and individualised and reflected the life experiences of consumers, and how care is delivered to respect their identity, diversity and culture. Care planning documents demonstrated assessment of consumer risk and wellbeing and where relevant a risk care plan was completed.

The service demonstrated it has policies that promote person-centred practices and respect for the person’s individual cultural beliefs, lifestyle and values. The service demonstrated appropriate risk assessment and problem-solving approaches to risk.

Staff were observed to knock on consumers’ doors before entering and asking consumers if they may enter.

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

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

Most consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives confirmed they were consulted on the consumer’s entry to the service and this process has continued both formally and informally.
* Consumers and representatives felt their input is valued and reflected in the planning and delivery of consumers’ care and services.
* Consumers and representatives confirmed they are informed about the outcomes of assessments and planning, and most are aware they have access to the consumer’s care plan whenever they wish.

Staff demonstrated an understanding of consumers’ needs, goals and preferences which was consistent with care planning documentation. Staff were satisfied care plans and progress notes reflected the current wishes of consumers.

Care planning documents reflected comprehensive assessment and care planning in accordance with each consumer’s needs, goals and preferences. Care planning documents demonstrated where risks to a consumer’s health and well-being are identified, appropriate care plans are developed, and strategies are implemented to manage/minimise these risks.

Management explained a multi-disciplinary team approach informs the care provided to each consumer. This aligned with care planning documents that demonstrated consumers, their representatives, general practitioners, allied health and other health professionals are involved in assessment, planning and review of each consumer’s care and services.

The service demonstrated it has established written policies and procedures that guide staff in the assessment and care 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

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

Overall, consumers indicated they are satisfied they receive personal care, clinical care, or both personal care and clinical care, that is safe and right for them.

* Consumers and representatives gave examples of how the service provides personal and clinical care that is tailored to the consumer’s needs and preferences, which optimises their health and well-being.
* Consumers and representatives said when they discussed required changes to the consumer’s care and services with staff, this is acted on promptly.
* Consumers stated they have access to their general practitioner and the services of other health professionals when required.

Staff explained how they use the organisational guidance material and tools, to assess, plan and monitor consumers’ care which is safe and individualised for each consumer.

Care staff demonstrated an understanding of restraint and provided examples of how they support consumers in the use of physical and chemical restraint. Clinical staff described skin integrity, pain management and restraint minimisation and monitoring processes and said they are satisfied there are enough resources to support skin care.

Care staff described the high impact and high prevalence risks for consumers within the service and discussed their management strategies for each consumer. These strategies were identified as being documented in consumers’ care plans and comprehensive risk care plan. Care documents reflected input from general practitioners, allied health professionals and other specialist services.

Organisational policy and procedure-based guidance materials referenced the use of tools and practices which are identified to be ‘best practice’. Consumer files demonstrated correct and timely use of guidance material and organisational tools.

The service demonstrated they have established a culture where any change or deterioration in a consumer’s health and well-being is recognised, escalated and responded to in a timely manner. Care planning documents and/or progress notes outlined the identification of, and response to, deterioration or changes in function, capacity or health.

The service demonstrated advanced care and end of life planning occurs in line with consumers’ expressed needs, goals and preferences. A process is in place to ensure that end of life wishes, and needs are documented, and that care is delivered in line with consumer wishes and their comfort and dignity is maintained.

The service demonstrated it has established a system that effectively documents the identification and subsequent management of high impact and/or high prevalence risks associated with the care of the individual consumer.

The service demonstrated it has written policies and procedures to guide staff about infection prevention, outbreak management and antimicrobial stewardship practices. Relevant infection control training has been provided to staff.

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

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

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

* Consumers and representatives said they get safe and effective support to participate in activities of daily living, be independent and have quality of life.
* Consumers said they enjoyed living at the service and were able to do things of interest, have social relationships and described ways they participated in the community.
* Consumers at the service with spiritual needs said that these were well supported.
* All consumers said they liked the food describing it as “brilliant,” “nice standard” and “recently improved”. Consumers said there is always a choice and they are “well fed.”

Staff described consumers important relationships and what things were of interest to them. Staff spoke of valuing these as important parts of the consumers individuality and independence. Lifestyle staff described referrals and involvement of external services such as hearing and dementia support services to optimise participation.

Care planning documents contained information regarding consumer goals, needs and preferences, and of the physical, emotional and environmental support consumers need to optimise independence and participate in daily activities. Care planning documents contained current information regarding consumers care needs, and information was consistent across different locations of the care file and accessible where care is shared.

The Assessment Team observed one on one activities between consumers and staff such as puzzles, craft, talking, listening to music. Staff were observed assisting consumers with wheelchairs and mobility aids, and varying communication and cognition levels, to participate in group activities.

The kitchen was observed to be clean and tidy, and staff were observed communicating with consumers their preferences and ensuring correct meals were delivered.

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

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

Overall consumers considered they feel they at home in the service and feel safe and comfortable in the service environment. For example:

* Consumers stated they feel safe at the service and know there are after hours security measures in place.
* Consumers described how they can access different areas of the service, including garden areas, and staff are available to assist them at any time.
* All consumers stated their rooms are clean and well maintained and they are satisfied any cleaning or maintenance requests are responded to in a timely manner.

The service was observed to be welcoming with the layout of the service enabling consumers to move around freely and to access outdoor garden areas. The outdoor areas enabled safe movement for those accessing these areas. Consumers were observed to have access to a range of different communal areas with appropriate furniture. Furniture, fittings and equipment were observed to be clean and well-maintained.

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

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

Overall, consumers considered they are encouraged and supported to give feedback and make complaints and are confident that appropriate action is taken. For example:

* Consumers and representatives said they feel safe and comfortable to provide feedback and would be happy to approach staff and management with concerns.
* Consumers and representatives were satisfied with the actions taken by staff and management in relation to feedback and that management practices open disclosure.

Staff provided examples of how they support consumers to provide feedback and make complaints. For example, when a consumer is living with a communication or cognitive decline, the consumer’s representative would be consulted, and an interpreter service is available should the need arise.

Staff described how they use open disclosure in the event of a complaint or an incident and confirmed they are aware of the service’s current open disclosure policy.

Management described how complaints data is reviewed and how action is taken to improve the quality of care and services, and follow-up occurs to ensure consumers’ satisfaction.

Complaints documentation demonstrated appropriate action is taken by management.

The service demonstrated it has guidance materials available to guide staff in the management of feedback, complaints and compliments.

Feedback forms were observed to be clearly displayed around the service and a suggestion box outside the facility manager’s office. Written materials about the complaints process including information about advocate and language services were clearly displayed at the entrance of the service.

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

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

Overall consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Most consumers and representatives said staff were kind and respectful towards them when providing care.
* Most consumers said staff were available to assist when they needed and did not raise any issues with staffing.
* Consumers said they received effective care and felt confident that staff had the appropriate knowledge and skills.

Staff were satisfied they are well supported and well resourced. Staff explained they can access training to support their role and feel supported by their peers and management. Staff described meeting with management to discuss their performance and their training and development needs.

Roster and allocation records demonstrated that most shifts are covered and there are few vacancies. Call bell response times are audited randomly and showed no pattern of regular delays in call bell response.

Management demonstrated planning and strategies are in place to ensure staffing numbers and mix is adequate to deliver safe and effective care to consumers. For example, vacancies are covered by the organisations pool of staff, shifts are rostered in advance and ongoing recruitment occurs to ensure sustainability of staffing numbers and experience.

Management described core competencies relevant to each workforce role and demonstrated an effective system of assessing staff competence and monitoring in response to consumer’s needs. Training records demonstrated all staff have completed relevant competencies and these are reviewed as per the stated schedule.

The organisation demonstrated it has a clear policy on performance management and staff performance is reviewed at scheduled intervals, and less formally through observations of practice.

Staff were observed engaging with consumers at eye level, smiling with consumers and using gentle gestures and respectful language during interactions.

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

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

Overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers said the service is well run, management are approachable and that they feel safe and well looked after.

Management provided examples of changes made in the last six months (driven by the Board) as a result of consumer feedback, experience and incidents such as planning a laundry onsite for consumers to use independently.

The service demonstrated how consumers are involved at a strategic level in the design and evaluation of care and services.

The organisation demonstrated it has effective governance systems in place in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance.

The organisation provided a documented risk management framework, including policies, in relation to identifying abuse and neglect and supporting consumers to live their best life.

The organisation demonstrated effective strategies to identify and monitor risk and a clinical framework is in place to guide best practice. The organisation provided a documented clinical governance framework in relation to antimicrobial stewardship, open disclosure and minimising restraint.

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.