Yarriambiack Lodge Hostel

Performance Report

18A Dimboola Road
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**Commission ID:** 3381

**Provider name:** Rural Northwest Health

**Site Audit date:** 13 July 2021 to 15 July 2021

**Date of Performance Report:** 20 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.

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 29 July 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 that they are treated with dignity and respect, can maintain their identities, make informed choices about their care and services and live the lives they choose.

For example:

* Consumers and representatives expressed satisfaction that they are treated with dignity and respect. Feedback included that staff always treat them well and are respectful and kind. Consumers said they feel comfortable at the service.
* Consumers and representatives gave examples of how staff deliver care and services, respecting consumers’ needs and values, and ensuring care is provided in a culturally safe manner.
* Consumer and representative feedback confirmed that consumers feel supported to exercise choice, maintain independence, make connections and maintain relationships. Staff provided examples of how consumers are supported in decision-making and maintaining social interaction.
* The service supports consumers to take risks through risk-assessment, discussion and strategies to maximise consumers’ safety and quality of life.
* Feedback from consumers, representatives and staff, documentation reviews and observations made by the Assessment Team provided evidence of how the service respects consumers' privacy including consumers' personal information and private space.

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers and/or their representatives described how they are involved in the care planning and assessment process and how individualised goals are identified.

For example:

* Consumers and/or representatives indicated they have been offered opportunities to participate in care planning, are informed of the outcomes of assessments and are supported to participate in regular care review meetings.
* Consumers and/or representatives said they can access the consumer’s care plan with staff or have had a copy provided to them on their request.
* Consumers and/or representatives discussed how they are able to set individualised goals for care and how these goals are supported.
* Consumers and/or representatives said they are encouraged to complete advance care directives and express preferences for end of life care.
* Review of care planning documents provided evidence of assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risks to a consumer’s health and well-being are identified, care plans are developed, and strategies are implemented to minimise these risks. Consumers who wish to participate in or undertake activities with identified risks, have signed risk assessment forms which reflect that reviews occur regularly.
* Each consumer file demonstrated advance care directives are completed according to consumer and/or representative wishes to enable relevant staff to access information quickly.
* Referral processes are in place to a range of other services involved in the care of consumers. A range of services are accessible, with external appointments organised in consultation with the consumer and/or representative.
* Initial and ongoing assessment and care planning systems are in place which demonstrate the service supports a collaborative approach and reflect consumer and representative involvement.
* The provision of care services to consumers is reviewed regularly and in response to incidents and changes in consumer care needs, goals or preferences.

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 other relevant documents.

Overall consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers and/or representatives said they are satisfied with access to, and the care provided by, general practitioners, allied health staff and other specialists.

For example:

* Consumers and/or representatives said they are satisfied with how nursing staff attend to wound care and how staff assist consumers to change positions and apply moisturisers and discuss medications with them.
* Other representatives confirmed that where incidents have occurred, they were notified promptly and were satisfied with the actions taken to minimise reoccurrence.
* Consumers and/or representatives confirmed where allied health staff are involved in consumers’ care, they know the consumer and their preferences. Care documentation reflected that care plans are in place and staff confirmed they provide care as detailed in line with consumer choices, needs and preferences.
* Feedback from consumers and representatives in relation to deterioration in a consumer’s condition was positive overall. Staff were able to provide feedback on how to identify and monitor deterioration and actions to take in response to changes in health needs.
* Individual clinical risks for consumers are documented on specific care plans and include risk assessments for consumers who wish to undertake activities with identified risks.
* The service supports consumers to identify their goals, needs and preferences on entry to the service and reviews this information regularly and as health needs change. Advance care directives are used to capture this information and palliative care pathways are implemented as consumers enter a palliative phase.
* Care documentation demonstrates timely referrals occur to a range of internal and external service providers. Reports and recommendations are reviewed by registered nurses and information incorporated into care plans as needed.
* The service has an infection control policy which includes antimicrobial stewardship and minimisation of antibiotic use. A COVID-19 safe plan is maintained and updated as recommendations change. Deficits identified in staff PPE practice have been satisfactorily addressed.

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.*

While the Assessment Team recommended the service complies with this requirement, they observed some staff throughout the audit with poorly positioned facemasks, repositioning their facemasks, touching their faces and not using sanitiser afterwards. The Assessment Team also observed instances where staff did not maintain social distancing during their interactions with consumers.

The provider’s response included subsequent action taken since the site audit and plan future actions to address the Assessment Teams observations. A facemask compliance audit has commenced and is overseen by a clinical support nurse and education manager. In-services education commenced in relation to wearing of facemasks and hand hygiene in August 2021 and will reoccur in September 2021. Personal protective equipment (PPE), social distancing and hand hygiene reminders have been added to the staff weekly update, meeting agendas and noticeboards, as well as promotion on the organisation’s social media page. The service is currently exploring the purchase personal hand hygiene bottles for use by staff.

I have taken into consideration the additional information made available by the provider in finding the service is compliant with this requirement.

# 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 that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. The service demonstrated that each consumer gets safe and effective services which support and optimise the consumer’s independence, health, wellbeing and quality of life.

For example:

* Consumers and representatives said consumers feel supported to do the things they like to do. Consumers were able to describe how they are supported to keep in touch with the people who are important to them and participate with activities within and outside the service and continue to do things that interest them. Care planning documentation is individualised and contains detailed information on consumers’ relationships.
* Consumers said they feel able to talk to staff when they are feeling low, and staff were able to demonstrate how they recognise when a consumer is feeling low and discuss ways to support them.
* Overall, consumers are satisfied with the quality, quantity and variety of meals.
* The lifestyle manager described a range of organisations such as Dementia Australia, Men’s Shed, volunteers, social workers and clergy to whom they regularly refer consumers for support.
* Care plans include information about consumers’ backgrounds, what brings them joy, and information on how the service can support independence using the principles of a person-centred care model, focussing on abilities, backgrounds, and environment. All staff interviewed were able to describe the interests and preferences of individual consumers.
* A lifestyle program utilising person-centred care principles, is run every day and is designed to engage consumers with varying levels of cognitive ability.

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.*

While the Assessment Team recommended the service complies with this requirement, some issues were noted regarding menu variety and food quality.

The provider’s response details actions nearing completion on a newly developed menu plan of which consumers have been involved and expressed their satisfaction. The provider maintains the improvement will result in a greater variety and quality of food on offer to consumers. Additionally, the provider described planning underway to allow consumers with modified meal requirements to have an additional meal choice available to them.

I have taken into consideration the additional information made available by the provider in finding the service is compliant with this requirement.

### 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 that they have a sense of belonging in the service and feel safe and comfortable in the service environment.

For example:

* Consumers said they have made the service their home as much as possible, having personalised their rooms with memorabilia, photographs and furnishings.
* Consumers and representatives commented on how management and staff consistently welcome family and visitors.
* Consumers said the service is clean, comfortable and well maintained.
* The Assessment Team observed the service as safe, clean and comfortable with appropriate equipment, furnishings and fixtures. The service is welcoming, and consumers can move around freely indoors and access outdoor areas including secure gardens.
* The service and equipment are clean and well maintained. Maintenance issues are actioned 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

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 that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* All consumers in the Assessment Team’s sample considered that they are encouraged and supported to give feedback, make complaints, and are confident their feedback will be actioned.
* Consumers and representatives interviewed in relation to providing feedback said management responded appropriately and their issues had been addressed. They provided examples to the Assessment Team of how care had improved as a result of feedback.
* Management demonstrated how complaints are encouraged and consumers are supported to provide feedback. Consumer feedback is used to inform continuous improvement.
* Consumers are informed by various methods of complaints and advocacy services and said they know how to provide feedback. Staff are aware of advocacy resources to assist consumers.
* Staff could describe how they support consumers with communication or cognitive impairment to make complaints.
* Consumer handbooks guide consumers and representatives on how to raise any concerns both internally and externally.
* The service has a system to monitor and review complaints. Although there is limited feedback documented, management demonstrated the service's system for reviewing feedback and complaints and how it would be used for improving care and services.

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

For example:

* Consumers and representatives described ways in which staff are kind, caring and gentle when providing care. The Assessment Team observed staff interactions with consumers were positive.
* Consumers and representatives described how staff know what they are doing and did not express any areas where they feel staff require further training.
* Consumers and representatives described how there are enough staff at the service. However, some described delays in staff responding to call bells. Overall consumers and representatives said the number of staff ensures the delivery and management of safe and quality care, but some noted staff appear rushed when providing care.
* The service demonstrated the workforce is planned, recruited and supported to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective person-centred care and services.
* Management discussed the organisation’s recruitment and selection process, position descriptions and regular staff performance reviews undertaken to determine staff are competent and capable in their roles.
* The service maintains records of staff attendance and completion of mandatory training. Management described how monitoring systems prompt staff to complete mandatory training.

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 and representatives are involved in the development, delivery and evaluation of care and services. Management actively seeks input from consumers and representatives and acts on feedback provided.
* Consumers and representatives provided examples of how they can be involved in the development, delivery and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to care staff, surveys and ‘resident/relative’ meetings.
* The service demonstrated effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.
* The service demonstrated a culture of safe, inclusive and quality care and services. The organisation’s risk management framework ensures risks are reported and reviewed by management at service level and escalated to the organisation’s executive management, including the Board. The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and open disclosure.

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.