**Bayside Hostel**

**Performance Report**

5 McDonald Street
MORDIALLOC VIC 3195
Phone number: 03 8543 3100

**Commission ID:** 3539

**Provider name:** Allity Pty Ltd

**Site Audit date:** 26 April 2022 to 28 April 2022

**Date of Performance Report:** 1 June 2022

**Performance report prepared by**

Kathryn Spurrell, 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 Servic****e**

|  |  |
| --- | --- |
| **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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

**STANDARD 1 COMPLIANT
Consumer dignity and choice**

**Consumer outcome:**

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

**Organisation statement:**

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

**Assessment of Standard 1**

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

Representatives confirmed that consumers were treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated an understanding of consumers’ backgrounds and preferences and described to the Assessment Team how this knowledge guided them to provide care that met individual consumer needs. Staff were observed providing care and interacting with consumers with kindness and familiarity.

Representatives considered staff understood the culture and diversity of consumers and spoke positively about the care and support received from staff. Lifestyle staff spoke in detail to the Assessment Team about individual preferences and how individual’s cultural backgrounds influence the supports and activities they offered to them, such as an individualised music programs based on cultural preferences.

Care planning documents reflected consumers’ cultural, spiritual and activity preferences and the service had cultural and diversity policy that outlined what it means to treat consumers with dignity and respect. Representatives described the ways the service supported consumers and representatives to exercise choice and independence, which included making decisions about their care and facilitating connections and relationships with those who were important to them.

The Assessment Team observed staff assisting consumers at mealtimes where needed and interacting in a kind and respectful manner. Staff could describe to the Assessment Team individual preferences, such as those consumers that preferred eating in their rooms.

Representatives said information provided to them is generally accurate and timely and assists them to make decisions. Care planning documents showed that staff complete risk assessments for consumers and said discussions are held with consumers and their representatives to support consumers to take risks.

Consumers and their representatives said that privacy and dignity is respected by the staff. Consumers felt their confidential information is respected and staff described processes used to maintain privacy and confidentiality of information.

**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:**

1. 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**

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

Representatives said they were involved with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they use assessments and planning, including consideration of risks, to deliver safe and effective care. Staff provided examples of how consumers were involved in their assessment and planning and how their needs and preferences, such as their nutritional and personal care preferences, were considered.

Care planning documentation was comprehensive and included information pertaining to areas such as pain management, skin integrity, specialised nursing care, communication, behaviour support, medication, mobility and falls prevention and oral and dental care. Care documents further demonstrated appropriate referrals to external providers where appropriate, such as podiatrists, dietitians, physiotherapists, and medical officers

Representatives confirmed the outcomes of assessment and planning had been communicated to them and they were able to access consumer care plans upon request. Care staff explained to the Assessment Team how they communicated outcomes to representatives, including by phone and email. Staff advised that consumers are consulted throughout the assessment and review process if are cognitively able to be involved, in the event a consumer is unable to be involved, their representative is included. Consumers and representatives indicated that consumer’s care and services are reviewed on a regular basis, or when the consumer’s circumstances have changed.

A review of care planning documentation identified that risks to consumers’ health and well-being were considered. Care planning and assessment documentation demonstrated the involvement of consumers, representatives, and other care providers. The Assessment Team observed that outcomes of assessment and planning were documented and that care plans are reviewed regularly or when incidents impacted on the needs, goals, or preferences of the consumer.

The Assessment Team inspected records that demonstrated the service reviewed clinical indicators and monitored trends to identify areas of risk and strategies for improvement in how it delivered care.

**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**

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

Representatives felt confident and satisfied that consumers were receiving care that was safe and right for them and that met consumer needs and preferences. Representatives described to the Assessment Team the different ways the service provided individualised care, tailored to consumer needs. Consumers and representatives felt risks associated with their care were monitored and managed by staff effectively.

Management said that Dementia Support Australia (DSA) were involved in the assessment and management of all ambulant consumers at the service. Strategies recommended by the DSA were observed to be included in the care plans for consumers. Care and service plans reflected care that was supported by best practice and was individualised to ensure consumers received care that was safe, effective, and tailored to their needs.

Risks associated with the care of consumers including, but not limited to, falls, medications and skin tears were well managed by the service through ongoing staff education and a suite of risk assessment tools. Care information reflected the timely identification of, and response to, deterioration or changes in consumers’ conditions. Care plans reflected input form health professionals and other providers of care including the medical officer, wound specialists and physiotherapists.

Staff demonstrated a shared understanding of the individual needs, preferences, and risks of consumers and how to effectively manage and monitor them. Staff were aware of how to access further support and information on best practice from the senior clinical management team or relevant policy and procedure guidance.

Staff demonstrated an awareness of the service’s end of life planning process and talked about appropriate steps to take when a consumer is nearing the end of life. They also demonstrated an awareness of providing support that ensures consumers choices are respected and actioned.

The organisation had policies, procedures and guidelines, in place for key areas of care including restraint, nutrition, skin integrity, post-falls management, pain management, palliative care and clinical deterioration, which were in line with best practice. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

**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**

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

Representatives considered that consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Representatives spoke of how consumers were supported by the service to do things of interest to them, which included participating in the service’s lifestyle program as well as independent activities.

Staff described the services and supports offered by the service that supported daily living and promoted consumers’ emotional, spiritual and psychological well-being and included pet therapy, art and craft classes and supervised outings.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, maintain social and personal relationships and do the things of interest to them. Lifestyle staff described how the activity schedule was developed to meet the needs of consumers and included alternative activities to cater for a variety of consmer interests.

Staff confirmed that they shared information across departments as requried to manage complex behaviours and communicate any changes to conusmer needs. Consumer care plans evidenced collaboration between consumers, representatives, medical specialists and other allied health professionals.

Representatives provided positive feedback regarding the quality and quantity of the food and the Assessment Team observed consumers enjoying meal service in the dining room. Kitchen staff explained how they met consumer needs and that staff offer meal options for each meal which is then prepared according to individual preferences and dietary needs. Care planning documentation demonstrated that consumer dietary requirements and preferences were accurarely recorded and that dieticians and speech pathologists were consulted when required.

The Assessment Team observed that the service environment was clean, safe and well maintained. Staff confirmed they had access to equipment such as mobility aids, and manual handling equipment, and felt the equipment was safe and well maintained. Staff expressed they have access to the required equipment and that equipment issues are resolved in a timely manner by maintenance staff.

Staff were able to describe the reporting process when an item is identified to be a safety concern or requires maintenance and the Assessment Team inspected records that demonstrated the regular maintenance of equipment.

**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**

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

Representatives and consumers expressed that consumer’s felt they belonged in the service and felt safe and comfortable within the service environment. Representatives provided positive feedback regarding the outdoor areas and general presentation of the facility.

The Assessment Team observed consumers moving freely between their rooms and communal spaces, including outdoor areas, and interacting with staff and other consumers. The service ensured the facility was safe and well maintained through scheduled preventative and reactive maintenance. A review of the preventative maintenance schedule demonstrated regular maintenance of equipment was completed to ensure equipment safety.

The Assessment Team observed cleaning staff performing consistent cleaning of consumers and common areas, cleaning staff also described daily and monthly cleaning schedules, which the Assessment Team observed to be clearly detailed and documented.

Management and staff outlined that maintenance requests are placed into the electronic system or escalated verbally to management. Maintenance staff further advised their process for monitoring and maintaining the service through the use of running sheets, feedback and daily visual inspections.

Staff had a shared understanding of the service’s hazard and maintenance reporting processes. The Assessment Team observed that equipment was easily accessible, well maintained and cleaned between each use. Staff confirmed they had sufficient clinical supplies and equipment to meet the needs of consumers.

**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**

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

Consumers and their representatives felt encouraged and supported to make complaints and provide feedback. Options to provide feedback or complaints included meetings, surveys and verbal discussions with staff. Meeting minutes reflected the suggestions and complaints of consumers. Feedback forms could be deposited in confidential mailboxes in the service’s lobby. Staff described how they escalate complaints when raised and update the service’s complaints and compliments register.

Staff described how they support consumers through using interpreters and engaging with representatives. The Assessment Team observed pamphlets, posters and policies that demonstrated consumers and representatives were informed about advocates, language services and other methods for raising and resolving complaints.

Consumers and their representatives said the service takes prompt action in response to complaints. Staff described how they apply open disclosure when dealing with mistakes and feedback from consumers and representatives. The service’s feedback and complaints register reflects all complaints were addressed with an appropriate response. The service has a quality improvement meeting, where feedback and complaint trends are identified, and improvement suggestions are escalated for consideration.

The service demonstrated appropriate action was taken in response to complaints and open disclosure process is used when things go wrong. The service demonstrated multiple avenues to capture continuous improvements from consumers such as feedback forms, residents’ meetings, and consumer surveys. Management explained that open disclosure is embedded in the complaints process and adverse events always result in a notification to the consumer's representative and an explanation and apology is provided to both the consumer and the representative

**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**

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

Consumers and representatives were satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. Representatives and staff indicated there were enough staff to meet the personal and clinical care needs of consumers in a timely manner. The Assessment Team observed staff assisting consumers in a manner which was respectful and observed that staff took their time assisting consumers with their daily lifestyle activities and care needs.

Representatives expressed that workforce interactions with staff were kind, caring and respectful of consumer’s identity, culture, and diversity. Staff said that the work environment was very positive and that interactions with consumers were positive. The Assessment Team observed various interactions between staff and consumers to be kind, caring and respectful. Staff were observed to always greet consumers by their preferred name and demonstrate familiarity with each consumer’s individual needs and identity.

The organisation had recruitment and selection procedures to provide a structured approach that ensured staff had the required qualifications to effectively perform their roles. Staff indicated they are appropriately trained and that they receive continuous professional development through mandatory training sessions. Policies and procedures reviewed by the Assessment Team demonstrated an effective framework for training, tracking competencies and identifying knowledge gaps at the service.

Management advised that they monitor staff practices through feedback from supervisory staff, consumers, and representatives. Management described the service’s implementation of reflective practice through self-assessments to support staff in monitoring and reviewing their own practice and identify opportunities for development. Staff indicated they have regular opportunities to develop their skills through training provided by the service.

The Assessment Team reviewed documentation that demonstrated the annual performance review process where staff complete a form which require staff input about professional purpose, objectives, employee and leader comments, and self-rating, and to schedule a formal discussion with their team leader

**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**

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

Consumers and their representatives were engaged in the development and evaluation of care and services, and considered the service well run. Management obtain feedback through meetings, surveys, and discussions to support consumer engagement in improving the delivery of care and services. Regular consumer and representative meetings were held to gain feedback on the care and services and representatives expressed satisfaction that appropriate action was taken in response to issues raised in these forums.

The service’s Board demonstrated accountability for a culture of safe and inclusive care through ongoing engagement with the service to analyse incidents, assess feedback and communicate with staff and consumers through newsletters and visits. The service demonstrated weekly communication to staff and a regular, internal audit team that provides feedback to the Board. The Board had endorsed improvements to the service, such as renovations and food project initiatives, recently implemented in response to the needs of consumers.

The service has effective governance systems to support information management, financial governance and workforce governance. The service demonstrated it identifies opportunities for continuous improvement, including through information received via feedback and complaints and analysis of incidents. The service monitors regulatory compliance and communicates legislative changes to staff.

Staff described a variety of risk management processes and procedures that were used by different staff at all levels within the service. Clinical staff explained the process of how to report a serious incident. All these methods were assessed as being aligned with sound risk management practices. Consumer risk assessments were undertaken at regular timeframes in order to manage risk and allow consumers to live the best life they can.

The service had a clinical governance framework, including policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff received training on these policies and described how to apply them in practice. Management provided examples how the policies informed the way care and services were planned, delivered, and evaluated.

**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.