Caloundra Adventist Retirement Village

Performance Report

64 Sunset Drive
Little Mountain QLD 4551
Phone number: 07 5491 3544

**Commission ID:** 5268

**Provider name:** Seventh-Day Adventist Aged Care (South Queensland) Ltd

**Site Audit date:** 3 May 2022 to 5 May 2022

**Date of Performance Report:** 9 June 2022

# Performance report prepared by

Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Approved Provider’s acknowledgement of receiving the Site Audit report on 27 May 2022 and advising they would not be providing a response.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

Consumers and representatives considered and observed staff to treat consumers with dignity and respect. Consumers said they could maintain their identity, make informed choices about their care and services and live the life they chose as staff understood their individuality. Consumers and representatives indicated staff supported consumers to maintain relationships, exercise choice, to take risks, and maintain their independence including when a consumer chooses to shower independently or to make their own bed. Consumers reported staff are respectful of their privacy as they knock before entering the consumer’s room and described the steps taken to maintain their dignity during provision of care.

Care planning documentation captured consumers’ individual choices and preferences, together with their cultural needs and how the delivery of care was to be completed in a culturally safe way. Care documentation detailed the discussion of risk and options available to consumers to ensure they were supported to take risks, which enabled them to live their best lives.

Staff demonstrated respect and an understanding of consumers’ personal circumstances, their identity and life journey, were knowledgeable of the culture and preferences of consumers. Staff demonstrated an understanding of what is considered disrespectful or undignified interactions and would report these to management for immediate attention. Staff described how consumers were supported to maintain relationships of choice such as receiving visitors to the service, were familiar with visitor arrangements in place and advised places were available indoors and outdoors for family and friends to catch-up. Staff explained various methods of providing consumers and representatives with timely information including via email messages, telephone calls and case conferences which allowed them to make choices about the consumers care and daily activities. Staff described how they adjusted their communication styles with consumers who had vision or hearing impairment to facilitate their decision-making opportunities.

The service’s had policies and procedures relating to consumer privacy, dignity and choice.

Staff were observed welcoming visitors to the service in a friendly manner, locking computers after accessing consumer care plans and the Aged Care Charter of Rights was displayed throughout the service.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives felt like partners in the ongoing assessment and planning of consumers’ care and services. Consumers described how they and their representatives are involved in assessment and planning on an ongoing basis and are consulted when the consumers’ care needs changed or when incidents occurred. Consumers and representatives confirmed they were kept informed about the outcomes of assessment and planning and had ready access to the consumer’s care plan if they wished.

Care planning documentation identified assessment and planning included the consideration of risk and reflected consumer’s current needs, goals, and preferences, including advance care planning and end of life planning. Documentation included information from initial assessments completed on entry to the service and was updated six-monthly or more frequently as consumer needs changed. Care plans showed integrated, coordinated assessment and planning processes occurred and involved individuals, the medical officer, allied health Professionals and specialists. Holistic care relating to dietary needs, mobility, personal interests, and medications were recorded in care plans.

Staff were aware of how the assessment and care planning processes, identified risks to the consumer’s safety, health, and well-being and described how they delivered safe and effective care informed by information contained in care plans and handover information. Staff were knowledgeable about their responsibilities in reporting and escalating incidents and reporting any change in consumer conditions. Registered staff described how care plans were evaluated and consumer risks were reassessed or reviewed following an incident and how this influenced changes to care strategies.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives felt personal and clinical care provided by the service was safe and right for the individual consumer and confirmed they were consulted and kept informed of any changes in consumer care needs and care plans. Most consumers had chronic pain and reported the care they received is tailored to their needs to optimise their health and wellbeing and minimise their pain. Consumers said they had ready access to medical officers and referrals to allied health professionals were made when required. Representatives confirmed that recommendations and strategies from specialist support services were undertaken by staff such as applying behavioural strategies when approaching a dementia consumer.

Staff described following care plans to ensure care was safe and effective and were confident in the registered staff to advise how best to ensure clinical and personal care provided was of a high standard. Management confirmed staff were following policies and procedures and ensuring best practice when delivering personal care and clinical care. Care planning documentation indicated that the service responded in a timely manner to the recognition of deterioration or change in the condition, physical function, and capacity of consumers.

The service had an over-arching policy to assess, plan and deliver safe and effective care which detailed consumer-centred care, assessment and care planning, referral processes, best practice care including the management of deterioration, risks to consumers and minimising infection related risks. For consumers nearing the end of life, their goals, preferences and needs were addressed as part of care planning, the service has policies and procedures which guide practices for palliative end of life care and staff demonstrated knowledge of how to support consumers nearing the end of life.

The organisation had a risk management framework, which was available to all staff, that guided how risk was identified and managed for key areas of care including restraint, skin integrity, pain and falls. Staff were familiar with these high impact risks and described management and monitoring were based on best practice processes. Staff advised the various processes for sharing information included the service’s electronic care management system, progress notes and care plans during staff handover. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics such as good hand hygiene and regular cleaning of high touch surfaces. Staff were observed wearing face masks and eye shields as they moved throughout the facility.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers considered they got the services and supports for daily living that were important for their health and well-being, enabled them to do the things they wanted to do, and their emotional, spiritual and psychological needs were met. Consumers and representatives said they felt consumers were supported by the service to do the things that were important to them, including participating in the service's lifestyle program and accessing external opportunities within the local community. Consumers felt encouraged to remain in contact with loved ones, especially during the COVID-19 lockdowns, and to have relationships with other consumers at the service. Consumers considered the meals provided by the service were of good quality, there was enough variety and the quantity provided met their needs.

Care planning documentation reflected information about consumers’ relationships, personal goals, individual and group activities, as well as their emotional, spiritual, cultural, social, and community needs. Documentation identified the involvement of other organisations and services, such as church or spiritual services, in the provision of lifestyle services and supports for specific individuals. Management provided examples of how the service participated in community visitors scheme and a local library to support consumers. Care planning documentation was reflective of the consumers assessed dietary needs and preferences, likes and dislikes, allergies, and changes to requirements/preferences. Staff described what was important to consumers, what they liked to do, and how they regularly sought feedback about activities from consumers and representatives via a variety of mechanisms. Staff awareness of consumers’ interests aligned with consumer feedback and care planning documents. Staff described how they identified a change in consumers mood or emotional need and outlined a range of strategies to provide additional consumer support such as a walk in the garden or having a coffee. Staff were aware of the requirement to report any consumer changes to management.

Staff were observed to promote the emotional and psychological well-being of consumers such as talking in reassuring tones to consumers and supporting consumers in a caring and respectful way. Relevant information was observed to be shared between internal staff and external workforce such as allied health professionals who are responsible for providing the service and supports to consumers.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 3 of the 3 specific requirements have been assessed as Compliant.

Consumers felt they belonged, reported the service environment is safe and comfortable and their room made the service feel like home. Consumers provided examples of why it is a nice place to live such as the wide corridors, pathways and ramps which promoted mobility and independence. Consumers considered the service environment was welcoming and their visitors were encouraged to participate in the various activities held in different areas of the service. Consumers confirmed the service was clean, well maintained and furniture, fittings and equipment were safe and suitable for their needs.

The service environment was observed to be well lit, welcoming, safe, comfortable and well maintained with consumers’ rooms personalised with furniture, photographs and artwork. Consumers were observed having meals, spending time together and participating in activities indoors and outdoors. The service’s internal environment included signage which provided clear directions for consumers and visitors to navigate their way around the service. The service’s external environment was well kept with clear pathways enabling consumers to safely move around while outside.

Staff described consumers are welcomed and orientated to the service with all consumers having their own bedroom and ensuite, which they were able to personalise. Staff described the functionality of the environment to support consumers with cognitive impairment and how consumers move between different areas of the service to attend activities or visit other consumers. Staff demonstrated knowledge of the systems and processes in place to raise any safety concerns to ensure the environment is kept clean and well maintained.

Maintenance systems evidenced regular maintenance of equipment, furnishings, and fittings on a preventative and reactive basis and confirmed any issues where reported and responded to in a timely manner.

The service environment was observed to be easy to navigate, points to call for assistance were located within consumer rooms and in common areas. Cleaning staff were observed to be attending to the service, and the service environment, furniture, fittings, and equipment were generally clean, well maintained, and appropriate for consumer needs.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 4 of the 4 specific requirements have been assessed as Compliant.

Consumers and representatives considered they were encouraged by management to provide feedback or make complaints, felt safe in doing so and confirmed management listened to their suggestions as improvements to meal quality and the service’s common area had been made. Consumers and representatives were aware of how to access advocates, language services and other methods for raising complaints should these be needed.

The service had complaints management and open disclosure policies which explained the service’s commitment to support consumers to make a complaint in the easiest way for them. A consumer handbook, newsletter and brochures from external advocacy services, provided information on how to access internal and external complaints organisations and advocacy support. Documentation confirmed feedback and complaints are compiled, reviewed, monitored, reported to the governing body and are utilised to improve the quality of care or services.

Staff described how consumers and representatives are assisted to make complaints, escalation processes and confirmed complaints are discussed at monthly staff meetings with a summary of actions reported to the Board. Staff confirmed they had received training on open disclosure and demonstrated knowledge of what this means when things go wrong including providing an apology and taken steps to prevent reoccurrence.

Feedback forms and a secured suggestion box were accessible to consumers and representatives within the service environment and pictographs for translation services and written support for making complaints in languages other than English were displayed in the service’s reception area.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives stated the level of staff was adequate to support consumer needs and felt consumers were well looked after. Consumers and representatives described staff to be kind, caring and respectful as they engaged in meaningful conversations with the consumer. Consumers and representatives said they felt confident staff had the skills needed to meet the consumer’s care and support needs as they had been trained appropriately.

Staff said they had sufficient time to provide safe, quality care and services to consumers and described strategies used to manage unplanned absences such as completing overtime or using casual or agency staff. Staff stated that they were provided with the training necessary to do their work, the service was open to providing additional training and they had attended training in relation to the quality standards and other topics relevant to their roles. Management described the processes such as competency assessment and performance appraisal practices to monitor staff performance and identify any skills gaps.

Documentation reviewed confirmed the service consistently rostered and allocated care and clinical staff across the service areas and staff were able to respond to consumers calls for assistance in a timely manner. The competencies and skills required by staff was documented in duty statements, each detailing the specific skills and qualifications required for the roles. Documentation supported staff competency, qualifications and the completion of training is monitored, maintained regular review of staff performance is undertaken.

Staff were observed using respectful language, responding to consumers promptly and were assisting consumers in a way which was kind and caring.

Based on the evidence summarised above, I find the service to be Compliant with Standard 7: Human Resources.

## 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives considered the organisation to be well run and felt supported to engage in the development, delivery and evaluation of care and services. Consumers were invited to attend monthly resident meetings to provide feedback on a range of topics that impacted the quality of care and services such as kitchen and catering, maintenance, activities and complaints. Consumers and representatives participated in an annual care conference where care options are discussed with the service.

Management described the various methods used by the organisation’s governing body to ensure the delivery of safe, inclusive and quality care and services including a clinical governance framework to support effective planning and delivery of clinically appropriate and effective care to prevent and minimise the risk of consumer harm. Accountability for safe and quality service delivery was evident throughout the governing body’s escalation process and duty statements clearly outlined staff responsibilities and accountabilities. Management and staff met monthly to discuss and review continuous improvement with learnings and improvement actions captured on the electronic continuous improvement plan and activity. Decisions and relevant information were communicated to staff and consumers by the governing body through management meetings, via email or verbally.

The organisation had effective organisation wide systems relating to information systems, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Management considered that identifying and managing risk is embedded in all levels of the service. Staff had attended mandatory training on risk management and the services’ information systems provided current and accurate information that enabled them to effectively perform their role. The organisation provided a documented risk management framework, including policies and procedures describing how high impact or high prevalence risks associated with the care of consumers were managed. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The service’s clinical framework for clinical governance included policies for antimicrobial stewardship, minimising the use of restraints, and an open disclosure policy. Management and staff demonstrated an understanding of the underlying principles of open disclosure and the need for consumers and their family to be provided with information about incidents in a timely, open and honest manner.

Based on the evidence documented above, I find the provider’s performance in relation to this service, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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.