Catholic Healthcare Percy Miles Villa

Performance Report

227-235 Forest Road   
KIRRAWEE NSW 2232  
Phone number: 02 9545 1773

**Commission ID:** 0252

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 22 March 2022 to 12 April 2022

**Date of Performance Report:** 8 June 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report 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 31 May 2022.

# 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.

Care planning documents reflected the values and diversity of consumers. Consumers said, and representatives agreed, that they are treated respectfully and with dignity in all interactions across aspects of care and services. Staff consistently spoke about consumers in a way that indicated respect and understanding of their personal circumstances and life journey. Staff also demonstrated they have strong knowledge of each consumer’s backgrounds, likes, dislikes, preferences and how these impact on their care.

Care planning documents identify the cultural backgrounds and needs of individual consumers. Staff described how individual consumer’s culture influenced how they deliver care and services day-to-day such as respecting consumers who choose not to interact too much with other consumers or those who choose to shower less regularly. Consumers described examples of how staff respect their individual choices and treat them as individuals. The Assessment Team observed that many rooms contained items that reflected the culture and identity of each consumer.

Consumers provided examples of how the service enables them to make decisions about their care and make connections and maintain relationships of choice. This was reflected in care planning documents and staff interviews.

Consumers are supported to take risks that enable them to live their best lives. Staff were able to describe the risk assessment process and demonstrated knowledge of the consumers who wish to partake in risk activities as reflected in care planning documents.

Interviews with consumers and staff, as well as review of care plans, demonstrated that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Consumers reported that their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Assessment Team observed staff treating consumers in line with their privacy preferences.

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

The Assessment Team reviewed care planning documentation which demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including identified risks. Staff, including management, outline the assessment and planning process and how it includes consideration of risks.

Review of care planning documents demonstrated that they include end of life preferences where consumers wish to have them included. Management was able to explain how the care planning process identifies consumer’s goals, needs and preferences and how discussion on end of life preferences are approached. The service has policies for palliative care and end of life care planning to guide staff practice.

Care plans reflected the involvement of consumers and representatives and other health professionals including Medical Officers, Allied Health Professionals, and a Speech Pathologist. This was consistent with feedback from staff who described how consumers, representatives and other allied health professionals are involved in consumer’s assessment and planning. Consumers said that they feel like partners in the ongoing assessment and planning of their care and services, and confirmed that they are involved in care planning, including when there are changes to their care needs.

Consumers are informed about the outcomes of assessment and planning, and are offered a copy of their care plans and can access a copy at any time. Staff described how care planning, and the outcomes of care planning, are communicated to the consumers. Review of care planning documents confirmed what consumers and staff said and demonstrated that consumers and representatives are consulted when there is a change in care needs or condition.

Care planning documents sampled by the Assessment Team showed they are reviewed on a regular basis and when circumstances change. This was confirmed through feedback from consumers and representatives. Staff advised consumer care plans are reviewed 4-monthly or as required, and these reviews involve the consumer and/or their representative, clinical staff, allied health, and other medical professionals as needed.

## 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.

Care planning documents demonstrated that consumers receive individualised care that is safe, effective and tailored to the specific needs and preferences of consumers. Care plans are linked to best practice models of care and staff were familiar with areas of care for consumers. Consumers and representatives said consumers receive care that is safe and right for them and meets their individual needs and preferences, and consumers said that staff respond quickly to assess pain and provide relief strategies for managing their pain. The service has consent in place for restraints on consumers.

The service conducts a clinical risk assessment for consumers upon entry to the service, with strategies implemented in line with the consumer’s wishes. Care planning documents described key risks to consumers. Staff demonstrated awareness of the process to report and document consumer incidents and the service has a documented risk management framework which guides how risk is identified, managed and recorded.

Consumers interviewed felt their needs, goals and preferences would be recognised and addressed, comfort maximised and their dignity preserved when cared for according to their end of life care plan. The service discusses with consumers/representatives advanced care planning on entry and/or during care plan reviews, and care is taken by the service to ensure that this is done in a sensitive manner, with the approach adapted where required for cultures where the topic is more sensitive.

Care planning documents sampled reflected the identification of, and response to, deterioration or changes in consumer’s condition and/or health status. Staff said they are able to recognise and respond to deterioration or changes in consumer’s conditions, and elevate changes in a consumers care needs to a registered nurse. Consumer’s changed care needs are discussed within the care team, monitored via clinical management meetings, and documented in the care management system.

Consumers said they are satisfied that their needs and preferences are documented and communicated within the service. Care plans and progress notes provided information to support effective and safe sharing of the consumer’s condition, preferences and care needs. The service communicates changes in consumer’s care and services during handover of each shift, consumer’s care plans and progress notes, meetings and one to one with staff.

Care planning documents reviewed showed the service make appropriate referrals to other providers or organisations in a timely manner and this reflects feedback from consumers and representatives. Staff provided information on how referrals are made in consultation with consumers and representatives.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The Assessment Team interviewed staff who demonstrated understandings of the importance of infection control and could describe practices to minimise transmission of infections and promote appropriate use of antibiotics. Management said the service monitors infections through clinical indicator reporting.

## 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.

Consumers said they receive safe and effective services and supports for daily living that meet their needs, goals and preferences. Care planning documents sampled for consumers detailed their goals and preferences for daily living including life goals, leisure interests, food and drink preferences and things of importance to them. Staff demonstrated their knowledge in line with care planning documentation and provided examples of how the service supports consumers with varying levels of functional ability to engage in activities, and meaningful visits are provided for consumers who don’t normally engage in group activities. The Assessment Team observed consumers actively engaged in morning exercise programs and other activities programs.

Consumers said that there are services available to support their emotional, spiritual and psychological well-being and indicated they could stay in touch with family or friends for comfort and emotional support. Care planning documents included information about consumer’s spiritual beliefs, individual signs and indicators that consumers are feeling low, strategies to support their emotional well-being and to identify social supports, such as people that are important to them. A Pastoral Care Officer attends one day per week to support consumers in need of pastoral support.

Consumers said they are supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who are important to them. Care planning documents captured relevant information including consumer’s preference of whom they wish to maintain relationships with. Staff demonstrated how consumers participated in various activities both within and outside the organisation’s service environment and how programs support their social and personal relationships.

The service demonstrated that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Feedback from consumers and representatives supported this. Care documents included information about needs and preferences and showed updates from visiting Allied Health Professionals.

Although consumers care planning documents did not reflect the involvement of others in the provision of lifestyle supports, this was a reflection that consumers lifestyle needs are met within the service and with the support of families rather than by referral to other organisations or individuals. Staff described the various volunteers and visiting performances that are engaged to support consumers.

Consumers said they are happy with the meals provided and have their choice of preference for meals. Care planning documents reflected dietary needs and preferences that aligned with consumer feedback. The service is able to individualise consumer’s dietary needs and preferences which includes and not limited to, types of foods, favourite drinks, size of meals, allergies, intolerances and recommendations from dietitians and other health professions. The Assessment Team observed that the kitchen was clean, tidy and uncluttered with staff observing general food safety/ WHS protocols.

The Assessment Team observed the equipment used to support consumers to engage in lifestyle activities to be suitable, clean and well maintained. Care staff said they have access to the equipment they need when they need it and that it is cleaned and maintained regularly. The service has maintenance routines for cleaning of equipment and staff said they can log an item for maintenance or talk to the maintenance team.

## 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.

Consumers said, and representatives agreed, that they feel they belong in the service, and that the service optimises their sense of belonging and independence. Observations by the Assessment Team showed that the service is welcoming and has shared areas for consumers to interact and spaces for quiet activity. There are also some features to support consumers with sensory loss and cognitive impairment.

The Assessment Team observed consumers moving between the different areas of the service, including those using mobility aids to visit other consumers or participate in activities. Maintenance staff demonstrated how maintenance is managed at the service. Consumers and representatives reported that they find the service to be safe, clean and well maintained.

The service has a scheduled cleaning and maintenance program to ensure the environment and equipment is clean and well maintained. The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for consumers. Staff were able to explain how they would report equipment in poor condition, including where urgent replacement is needed.

## 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 said they feel encouraged and supported to provide feedback and make complaints. Staff demonstrated understanding of the process they would follow should a consumer make a complaint or give feedback to them personally. Management demonstrated the organisations complaints management system including the feedback mechanisms captured through resident representative meetings and through the complaints flowchart and the continuous improvement register. Information about how to make a complaint or provide feedback was included in the service’s Resident Handbook.

The service provides information about advocacy, language and other supports for raising and resolve complaints directly to consumers and information was also on display in the foyer. Staff were able to describe how they assist consumers who have cognitive impairments or difficulty communicating to make a complaint, and could describe how they respond to consumer/representative feedback, including the escalation of concerns to clinical staff and management.

The service was able to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is employed when things go wrong. Staff explained what open disclosure means in relation to complaints. The service has a plan for continuous improvement which demonstrates complaints are managed in a timely fashion and all complaints are evaluated for consumer satisfaction. Resident and Representative Meeting minutes and Staff Meeting minutes include a standard agenda item for complaints and feedback.

Management provided examples of where consumer feedback has resulted in improvements to care and services. The Assessment Team reviewed the feedback and complaints register and noted consumer suggestions and complaints are recorded along with the actions taken.

## 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 said there is adequate staff to provide the care and assistance required by the consumers. Staff said there is sufficient staff to complete their duties each day, and management confirmed that vacant shifts are filled by regular staff through working extended hours. The service has an agency checklist that is used to induct agency staff if required. The Assessment Team reviewed call bell reports which measures staff response times. The call bell response times for March 2022 reported 44 calls, with the average response time being 2.45 minutes with the longest call being 6 minutes.

Consumers and representatives interviewed said that staff engage with consumers in a respectful, kind and caring manner. The Assessment Team observed staffing knocking on doors and asking permission to enter their rooms. Management advised that they monitor interactions through observations, walk arounds and through formal and informal feedback from consumers and their representatives.

The service has position descriptions which outline the qualifications, registrations, knowledge, skills and abilities required for each staff member's role and responsibilities. Management described how they determine whether staff are competent and capable in their role including via inductions and an onsite buddying system with experienced care staff, which is overseen by the Registered Nurse. Staff continue to be buddied in their shift until the required level of competency is achieved. Consumers and representatives said they feel confident that staff are skilled and competent to meet consumer care needs.

Consumers and representatives said staff know what they are doing and could not think of any training staff require. Staff advised they had received training on the incident management system which included SIRS and Elder Abuse and that also participate annually in an Aged Care Quality Standards refresher program, infection control and COVID-19 and Fire Equipment and Evacuation. Management advised that they use feedback from performance reviews and consumers to identify training needs. The organisation tracks mandatory education, which the Assessment Team evidenced to be 100% completed.

The organisation has a staff performance framework that includes probationary performance reviews and annual performance appraisals. Staff were aware of the performance review process and management advised that performance reviews are completed 6 months post-employment and then annually. Review of documents demonstrate that performance appraisals are conducted as per the service’s policy.

## 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 representatives sampled said the service is well run and there is collaboration and partnership. Management and staff could describe and provide examples of the various ways in which consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Management provided examples of organisational governance processes that demonstrated how the organisation’s governing body promotes a culture of safe, inclusive and quality care. For example, the organisation’s governing body satisfies itself that the Quality Standards are being met within the service through a monthly Risk and Quality Committee.

The service demonstrated effective governance systems in relation to information management, continuous improvements, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, in relation to regulatory compliance, the service monitors changes to various legislative requirements and communicates these changes to the service through correspondence received from external agencies. This information is then provided to staff through staff meetings, memorandums, emails, staff training, toolbox talks and education sessions.

The service’s risk management systems and practices included policies describing how: high impact or high prevalence risks associated with the care of consumers is managed; the abuse and neglect of consumers is identified and responded to; consumers are supported to live the best life they can; and incidents are managed and prevented. Staff demonstrated awareness of these systems and practices and how they were relevant to their work.

The service’s clinical governance framework included policies in relation to: antimicrobial stewardship, minimising use of restraint, and open disclosure. Staff demonstrated awareness of the framework and how they were relevant to their work.

## 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.