Dr E A F McDonald Nursing Home

Performance Report

Cnr Beale & Fitzpatrick Streets
OAKEY QLD 4401
Phone number: 07 4691 4888

**Commission ID:** 5448

**Provider name:** Queensland Health

**Site Audit date:** 19 April 2022 to 21 April 2022

**Date of Performance Report:** 4 July 2022

# Performance report prepared by

Meritt Nassif, 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 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.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Consumers reported being treated with dignity and respect and representatives said they observed respectful interaction by staff when visiting the service. Staff were able to accurately describe the personal preferences and backgrounds of consumers. Care planning documents included respectful language and relevant information about cultural needs of consumers in the service.

Consumer reported that the service provides culturally safe care. Management described appropriate practices to ensure care and services are culturally safe. The service has policies that outline how staff should support consumers culturally. Care planning documents included information on consumers’ cultural background and care preferences.

Consumers stated that they felt engaged and supported to make and communicate decisions about their care and supports and were able to include the people that they wanted in the decision-making process. Staff were able to describe how consumers are supported to exercise choice and independence. Care planning documents included details and contact information of consumers’ nominated representatives.

Consumers reported, they are supported to continue to live the life they choose and do the things that are important to them. Staff were able to explain the ways consumers are supported to take risks and their right to make decisions for themselves is respected. The service has a dignity of risk policy that describes the service’s duty of care to empower consumers to make their own choices.

Consumers and representatives reported they receive information from the service that helps them make decisions in a timely manner. Management and staff interviewed explained methods of communication used and gave examples of providing consumers with timely information. A review of documentation and observations made by the Assessment Team supports that consumers receive accurate and current information in a timely manner.

Consumers explained how the service and staff respect their privacy. Staff were able to explain how they maintained privacy of consumers, such as seeking consent from consumers before entering their space. Staff training records identified staff have been trained in protecting consumer privacy and confidentiality.

## 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 COMPLIANTOngoing 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.

Care planning documents include comprehensive information on the assessment and planning including the consideration of risks to inform delivery of safe and effective care and services. Consumers and representatives expressed satisfaction in the assessment and care planning process. Staff advised that a range of assessments and planning is used to inform safe and effective care. Observations and document review confirmed that assessment and planning informed the delivery of safe and effective care.

Staff reported that they approach conversations about end of life care with compassion. Staff were able to describe what is important to consumers in terms of how their personal and clinical care is delivered. Care planning documents included information on consumers’ palliative needs and an advanced resuscitation plan.

Consumers interviewed said they were involved in their care planning or had direct input from their relatives. Care planning documents provided evidence the service engages in appropriate practices of assessment and planning to inform consumer care including involving allied health specialists as needed. This was consistent with feedback from staff who described how allied health professionals are involved in assessment and planning for consumer care through established referral pathways.

Consumers and representatives could easily request a copy of consumer care plans which was provided to them in a format that is easily understood. Consumers confirmed that they are kept informed about reviews, changes and incidents and had access to their care plan. Staff were able to demonstrate how they communicated outcomes of care planning and assessment to consumers and representatives.

Care planning documents demonstrated care plans are regularly reviewed for effectiveness of care and when circumstances change. This was confirmed by staff feedback. The Assessment Team observed that care plans were updated with forthcoming medical appointments highlighted under vital information.

## 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 COMPLIANTPersonal 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.

Consumers considered they received good and safe personal and clinical care. Staff were able to describe how the care was delivered safely, and that it was effective in supporting consumers’ health and well-being. Care planning documents demonstrated personal and clinical care is tailored to individual needs of consumers and is best practice. Review of documents evidenced that consent was in place for all consumers who are subject to restraint, skin and wound care is tailored to meet individual needs and pain is managed in line with best practice.

Care planning documents evidenced the service appropriately manages and mitigates high impact risks to consumers’ health and well-being. Staff provided examples of how high impact risks such as falls and pain are appropriately managed and mitigated. The Assessment Team observed low beds with falls mats in place in consumer rooms to appropriately manage high impact falls risk.

Care planning documents identified that all consumers’ needs and preferences are recorded for their end of life pathway. Staff provided examples of the ways in which they ensure palliative end of life care is delivered to maximise consumers’ comfort and align to their care plans. The service has policies and procedures in place relating to end-of-life care to ensure consumers with a palliative diagnosis are encouraged to experience the highest possible quality of life.

A review of care planning documents evidenced that the service recognises changes in consumers’ conditions and responds in a timely manner. Staff provided examples of what they look out for to recognise pain or deterioration and outlined how they immediately report any signs of deterioration.

Consumers felt information was shared between staff. Staff provided examples of the various ways information on consumer’s care needs, including any changes, were communicated between staff and with external organisations. Care planning documents reflected adequate documentation about consumers’ condition, needs and preferences . The Assessment Team observed shift handovers to confirm consumer information was being shared in both written form and verbally and witnessed that handover information was clear and understood by staff.

Care planning documents showed the service make appropriate referrals to other providers or organisations in a timely manner and this aligns with feedback from consumers and representatives. Staff described the process for referring consumers to health professionals ensuring that interventions were in line with consumers’ care planning.

Staff demonstrated an understanding of the need to minimise antibiotics and how to take precautions to prevent and control infection. The Assessment Team observed various infection control practices including high touch surfaces being regularly cleaned.

### 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 COMPLIANTServices 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 reported they feel supported to engage in activities that are of interest to them and have access to equipment and resources to promote their well-being, independence, and quality of life. Staff could demonstrate a clear understanding of what is important to consumers and their interests as reflected in consumer feedback and care planning documents. Care planning documents captures information required by staff to support consumers’ daily living. The Assessment Team also observed consumers participating in exercise activities.

Consumers described their emotional, spiritual, and psychological well-being needs, goals and preferences as being well met and supported. Staff reported how they identify a change in mood or emotional need of the consumers and provide additional support as well as report the change. Care planning documents included information about consumers’ relationships, as well as their emotional, spiritual, cultural, social, and community needs. The Assessment Team observed staff reassuring and supporting consumers in a caring and respectful way.

Consumers reported they are supported by the service to maintain contact with the people who are important to them, and engage in activities, both inside and outside of the service, that are of interest to them. Staff described a number of initiatives utilised to support consumers to socialise or maintain persona relationships and do things that are of interest to them. The Assessment Team observed consumers participating in group and individual activities, sharing meals together, communicating with other consumers and receiving visitors.

Consumers were confident that their needs and preferences are effectively communicated between relevant staff as staff knew their preferences and the way in which things are done. Staff reported changes in consumers’ cares and services are communicated through verbal and documented handover processes with electronic care management system providing alerts regarding changes. Care planning documents provided adequate information on consumers’ condition, needs and preferences.

Staff described how the service works with other organisations and support services to supplement the lifestyle activities offered within the service. Care planning documents identified the involvement of other organisations in the provision of lifestyle services and timely and appropriate referrals. Consumers confirmed that they participate in religious activities and visits by volunteers.

Consumers considered meals to be of suitable quality and quantity and reported they were not hungry in between meals. Staff were observed assisting consumers with their meal choices, and consumers appeared to be enjoying their meals. Dietary needs and preferences were reflected in care planning documents and observations confirmed that the service had practices to ensure safe food storage, preparation, and delivery. Management advised how special diets are catered for, when the menu was last reviewed, how often the menu changes, how consumers choose their meals, and how the menu is reviewed by a dietitian.

The Assessment Team observed equipment used for activities of daily living to be suitable, clean and well-maintained. Consumers indicated they felt the service kept the environment clean and tidy. Staff reported they have access to equipment required to support consumers in their 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 COMPLIANTOrganisation’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.

Feedback from consumers showed they feel at home at the service and that it was a nice place to live. Staff explained the functionality of the service environment to support consumers with cognitive impairment. Appropriate signage, indoor and outdoor areas for consumers to access, and consumer rooms personalised to suit their preferences were observed by the Assessment Team.

The Assessment Team observed the service to be clean, safe, and well maintained, and consumers could freely move through the facility except for consumers who are environmentally restrained. Consumers, including those using mobility aids, confirmed they can freely mobilise in the service and they find the service to be safe, clean, and well maintained. Staff were able to describe the process for reporting maintenance needs and cleaning staff reported they follow a daily and weekly schedule for cleaning.

The Assessment Team observed clean and well-maintained equipment and furniture as well as accessible equipment for staff to facilitate appropriate cleaning practices. Review of hazard reports, audits, and maintenance logbooks demonstrated the service monitors equipment to ensure it is safe, suitable, clean, and well-maintained**.** Consumers reported thatfurniture, fittings, and equipment at the service is safe, clean, well maintained, and suitable for their needs. Staff stated that all shared equipment was cleaned and sanitised between use.

## 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 COMPLIANTFeedback 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 representatives were aware of the process, and felt safe, to lodge feedback and make complaints to the service. Staff provided examples of how they assist consumers to provide feedback or make a complaint. A review of documentation and observations by the Assessment Team confirmed that the service has systems and processes in place to ensure consumers are encouraged and supported to provide feedback and make complaints.

Consumers stated that they received regular printed or electronic newsletters from the service which contained information about advocacy, language services, making complaints and providing feedback. Staff reported that a consumer’s need for language support is identified during the intake assessment process, and additional measures are implemented to support those requirements. Documentation including procedures, the resident’s handbook and the service newsletters, together with observations showed that information regarding methods for making a complaint and advocacy services is provided to consumers.

Consumers reported that service takes appropriate action in response to the feedback or complaints they raised. Staff confirmed they have received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure. The service has a complaints management policy and an open disclosure policy, to guide management during complaint resolution.

Consumers reported that satisfactory resolutions were put in place in response to the feedback provided. Management demonstrated their understanding of consumer complaints and feedback by describing the process of analysis and trending of consumer feedback and complaints. The recent issues identified by management were recorded for improvement action and ongoing monitoring. A review of the processes at the service provided evidence that consumer feedback and complaints are reviewed, trends analysed, and the results used to improve the quality of care and services consumers receive.

## 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 COMPLIANTHuman 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 believed there are enough staff to enable the delivery and management of safe and quality care and services. Management reported that they undertake business planning activities to ensure the service has the correct mix of workforce skills. A review of rosters call bell response time data, policies, including observations by the Assessment Team confirmed the service has adequate mix of workforce to deliver safe and quality care and services.

## Consumer and representative feedback demonstrated staff are kind, caring and respectful. Staff were observed using respectful language when assisting consumers. Review of care plans and the minutes of staff meetings identified management and staff used language that was respectful of consumers’ identity, culture and diversity.

Consumers believed staff are well trained and provide good care. Staff indicated that they had received the training necessary to do their work effectively, including in relation to mandatory reporting. Management described how they determine staff are competent and capable in their roles and the service has position descriptions outlining the qualifications, registration, knowledge skills and abilities required for each staff member's roles and responsibilities. Review of documents indicated that the service carries out the necessary checks to ensure staff have relevant qualifications and competencies required for their roles.

Consumers revealed that the staff knew what they were doing and did not think they required any additional training. Management informed that staff are offered training opportunities on a continuous basis and staff stated they are provided with necessary training. Documentation review confirmed that all staff are appropriately qualified, have undertaken the mandatory training required, and have achieved all checks required for their roles.

Interviews with management and staff demonstrated appropriate staff assessment, monitoring and performance appraisal practices are in place. A review of documents provided evidence of regular assessment and review of staff performance, and training opportunities are undertaken. All staff confirmed that they participate in annual performance reviews with their supervisors who encourage additional training when required.

## 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 COMPLIANTOrganisational 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.

Evidence demonstrated that consumers are engaged in the development, delivery and evaluation of care and services, for example through monthly meetings with consumers. Actions from minutes of these meetings were observed in the quality improvement plan. The service undertakes care conferences with each consumer and their representatives and undertakes an annual survey of consumer experience that feeds into the quality improvement plan.

Accountability for safe and quality service delivery was evident throughout the governing body’s escalation process where delegations allowed for issues to be dealt with at multiple levels of the organisation depending on the assessment of risk. The governing several mechanisms to satisfy itself that the quality standards are being met.

The service demonstrated it had effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. In relation to regulatory compliance, management provided examples of how the service keeps track of changes to aged care law and communicate these to staff.

The service demonstrated it had an effective risk management system which included a summary of consumers identified with high impact or high prevalence risks, and an electronic incident reporting system which reflects learning from incidents logged in the continuous improvement plan. Staff demonstrated awareness and responsibilities in relation to risk management.

The Assessment Team reviewed the clinical governance framework, which included a reporting path where current issues, actions and improvements were escalated to the governing body. Staff were able to describe the measures taken by the service to support the antimicrobial stewardship policy and demonstrated practical knowledge of open disclosure. All staff reported to have received mandatory training on the guidelines covering the use of restrictive practices.

## 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.