Garden City Retirement Home

Performance Report

33 Tryon Street
UPPER MOUNT GRAVATT QLD 4122
Phone number: 07 3349 0110

**Commission ID:** 5136

**Provider name:** Alzheimer’s Association of Queensland Inc

**Site Audit date:** 27 April 2022 to 29 April 2022

**Date of Performance Report:** 30 June 2022

# Performance report prepared by

James Howard, 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 was considered in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 27 April 2022 to 29 April 2022; 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; and
* other information and intelligence held by the Commission in relation to this service.

# 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

Consumers considered they were treated with dignity and respect, and could maintain their identities, make informed choices about their care and services, and live the lives they chose:

* ‎The service demonstrated consumers were treated with dignity and respect.
* ‎Consumers said they were able to make decisions about their own care and maintain their independence.
* ‎Consumers and representatives indicated consumers were supported to take risks to enable them to live the best life they could.
* Consumers said they were provided with information relating to their care to support them to make choices that were current, and appropriate for their well-being.
* ‎Consumers said their personal privacy was respected.

The service and staff demonstrated they delivered culturally safe services and care and the organisation’s policies and staff training ensured the provision of safe and respectful care. Management and staff were respectful and caring and demonstrated familiarity with consumers’ backgrounds and preferences.

Care plans, progress notes, medication charts and monitoring records contained information about consumers’ personal preferences for care and services and what was important to them. The service’s diversity and inclusion policy outlined responsibilities for staff members in promoting a culture that respected differences and was intolerant of non-inclusive behaviours and demonstrated the service's commitment to ensuring all consumers were treated fairly and equally and could live and work freely from any discrimination. The service’s training records were maintained and up-to-date, including training on the Aged Care Quality Standards, with a focus on dignity, privacy and respect, and culturally inclusive care. Consumers could also choose their general practitioner, as per the consumer handbook guidelines.

The service demonstrated that care and services were culturally safe. Although the service did not have a large culturally and linguistically diverse consumer demographic, one consumer was welcomed by a Samoan staff member who spoke in their mother tongue, which helped the consumer to feel at home in the new environment.

Consumers and representatives indicated dignity of risk assessments were completed, and relevant documents were in place to support consumers to take risks. The risk assessment process included a discussion with the clinical care manager regarding the risks of leaving the service, including falls risks. Management said staff had conversations with consumers and/or their representatives on admission, where they discussed any risks the consumer wished to take. Management said risks were reviewed every 3 months.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 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

Consumers and representatives considered they felt like partners in the ongoing assessment and planning of their care and services and care planning documentation showed that individual assessments were often reviewed for effectiveness:

* ‎Consumers and representatives knew how to access consumer care plans and that they could involve others in the planning and assessment of their care and services.‎
* Consumer care plans were consistently reviewed every 3 months as per the service's policy.‎ Consumers choices were considered in the delivery of end-of-life care and relevant palliative care policies and procedures were followed. Advanced care planning contained a statement of choices that outlined consumers’ needs, goals and preferences.
* ‎Management, care and clinical staff were aware of and described the care needs and interventions that were implemented for consumers when incidents occurred.
* The service had effective systems for managing incidents and tracking trends and staff updated care plans as consumers’ conditions changed. The service conducted timely assessments and charting for consumers on an as-needed basis.

Care planning documentation showed assessment and planning was conducted with consideration of risks to consumers’ health and wellbeing, which informed the delivery of safe and effective care and services.

‎On admission to the service, an interim care plan was created for consumers, based on their hospital discharge summaries and/or a care conference with the consumer and their representatives, which ensured general health assessments were completed on arrival to the service. The assessments included pain, falls risk, behavioural charting, skin and wound management, nutritional assessments, and other issues. Care plans were reviewed every 3 months, and all files were up-to-date except one, that was followed up by management. Pain assessments were completed every 12 months or reviewed as required.

Clinical and care staff spoke about consumer-specific risks and how they always consulted with consumers who had the cognitive ability to make decisions about their own care.

The service demonstrated assessment and planning was based on ongoing partnership between the service, the consumer, consumer representatives and any others the consumer wished to involve in their assessment. Planning and review of the consumer's care and services included other specialist organisations and individual providers of care and services. The service demonstrated that care and services were reviewed or monitored for effectiveness when changes occurred, or when incidents impacted the needs of consumers.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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

Consumers and representatives said they received personal and clinical care that was safe and right for them and their needs, and consumer preferences were effectively communicated between staff. Consumers and representatives had access to other providers of care and services when needed.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumer care files contained clinical documentation with consistent and accurate assessments of consumers’ high impact risks, including medication management, falls, or following changes in care or any incidents.

Staff also demonstrated an understanding of how infection-related risks were minimised at the service and management described how it controlled infection-related risks through implementing precautions and ensuring staff consistently followed the service’s guidelines in relation to infection control.

Care staff said in case of a fall, the consumer was not moved until they were reviewed by clinical staff. Staff then conducted neurological observations and pain assessments to assess if the consumer needed to be transferred. Care and clinical staff said they attended to wounds immediately and then informed management as well as consumer representative(s).

Changes in consumers care and services was communicated via care plans, progress notes and handover sheets, as well as during shift handovers.

Management said, when falls occurred, they identified the issue and worked closely with the consumer and/or their representative(s) and added strategies and interventions for prevention into the consumer’s care plan. ‎Management advised that there had not been any medication incidents in the past 6 months, at the time of the audit, that required hospitalisation or attention by a medical officer; however, all medications errors were reported to a General Practitioner for review. Management also said that it did not implement restrictive practices before consulting with the relevant clinician, and the service ensured that valid informed consent was always provided.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# 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

Most consumers and representatives considered the service provided care and supports for daily living which optimised consumers’ emotional wellbeing, quality of life, health and independence. Most consumers and their representatives said the service supported them to do the things they wanted to do. ‎Consumers advised that services and supports for their daily living promoted their emotional, spiritual and psychological well-being.

* ‎Consumers advised the services and supports for daily living assisted them to participate in the community, maintain social and personal relationships and do the things of interest to them.
* Consumers were satisfied with the timely and appropriate referrals provided by the service.
* ‎Most consumers said the meals provided were of acceptable variety, quality and quantity.
* Consumers said the equipment provided was safe, suitable and well maintained.

Care planning documents reviewed in the service’s electronic information management system showed dietary needs and preferences for most consumers sampled, with one consumer preference documented incorrectly, which was raised with the service and corrected. The consumer in question expressed satisfaction with the management of their dietary needs and preferences, staff consistently described the consumer's needs and the Assessment Team observed the consumer’s needs documented in the kitchen for reference.

The service demonstrated it supported consumers to maintain relationships, do things that were important to them and participate in the community. This was supported by material in care planning documents and staff interviews.

Consumers and their representatives advised consumers received supports from external organisations, service providers and care providers. Care planning documents and staff interviews verified this, with organisational policies and procedures in place which guided staff in making referrals to external providers.

The service demonstrated it made regular, timely and appropriate referrals to other individuals, organisations and providers of other care, which maximised consumers’ health and well-being. Hospitality staff described how they knew of consumers’ dietary needs and preferences, through copies of dietary requirements located in the kitchen and frequent updates from the clinical team and management. A food safety audit was conducted in April 2022 which showed food safety results with no adverse findings. ‎The service also had a food safety program that was reviewed every 2-3 years.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### 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

Overall, sampled consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment.

For example:

* ‎Consumers and representatives sampled said that the environment was welcoming and felt like home.
* ‎Most consumers and representatives said the service was clean, well-maintained and they could move around the service if they wanted to.
* ‎Consumers said that furniture, fittings and equipment at the service were safe, clean, well maintained and suitable for their needs.

The Assessment Team observed, and most consumers and representatives said, the service was clean, well-maintained and consumers could move around the service if they wanted to. Staff described how maintenance and cleaning was managed at the service to ensure it was safe, clean and well-maintained. Documentation showed the service conducted regular preventative maintenance throughout the service environment in a timely manner. Maintenance also provided a copy of a recent fire safety audit to the Assessment Team, which advised there were no major adverse findings.

The Assessment Team observed the service environment as welcoming, easy to understand and designed to optimise each consumer's sense of independence. The environment reflected dementia-enabling principles of design and had lighting, functional ramps, lifts and handrails which supported consumers to move around the service. The service environment incorporated decorations made by consumers which reflected past and upcoming cultural events, including Easter and Mother's Day. ‎Consumers’ rooms were personalised with photographs, decorations, furniture, and items of importance on display in their rooms. ‎The outdoor courtyard spaces had clean and clear walkways and every resident had a balcony area with tables and chairs for consumers and direct access from rooms for all consumers. All consumers could access outdoor spaces as they wished. ‎The service also had a pet cat in the common areas and outdoor spaces which created a homely environment.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 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

Overall, sampled consumers considered they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken in response. For example:

* ‎All consumers and representatives interviewed said they felt safe and supported to provide feedback or raise concerns with staff and management.
* ‎Most consumers described how they could make a complaint if they felt uncomfortable raising concerns with staff at the service.
* ‎Consumers and representatives said they were satisfied with actions taken by the service in response to complaints and concerns about their care.
* ‎Consumers and representatives provided examples of how the service used feedback to improve the quality of their care and services.

Staff described how they addressed and responded to feedback in a way that acknowledged consumers’ concerns, how responses and reporting aligned with the service’s policies and described the open disclosure process. Management described how it ensured consumers felt supported to provide feedback and complaints and described actions taken after receiving complaints from consumers and representatives. The service had a policy that outlined and supported its commitment to ensuring consumer feedback was encouraged and used to improve the quality of care and services.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 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

Overall, sampled consumers considered that they received quality care and services when needed, from people who were knowledgeable, capable, and caring. For example:

* ‎Overall, consumers and representatives said they felt like there were not enough staff, particularly on weekends; however, consumers did not have concerns about the speed with which care needs were responded to and they did not identify any impact to consumers.
* ‎Consumers and representatives said staff were kind, caring and gentle when providing care.
* ‎Overall, consumers and representatives said they felt staff were competent and qualified to do their jobs; however, some consumers and representative provided feedback on areas where staff needed more training.

Management provided evidence and described how the service’s workforce was sufficient and properly skilled to enable it to provide safe and quality care and services, and staff performance was regularly assessed, monitored and reviewed. Management also provided evidence of how the service addressed areas of concern raised by consumers and representatives regarding adequacy of staff numbers and training. The Assessment Team reviewed documentation that showed how the service ensured the number, mix and ability of members of the workforce enabled the delivery and management of safe and quality care and services.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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

Consumers and representatives considered the service was well run and they partnered in improving the delivery of care and services and were involved in the development, delivery and evaluation of care. Consumer feedback was consistently gathered through various formal processes, such as case conferences, consumer meetings, feedback forms and through informal conversations such as during daily management rounds. Management had an 'open door policy' for all consumers, representatives and staff.

Management described how the governing body promoted a culture of safe, inclusive and quality care. The service had effective governance mechanisms in place for information management, continuous improvement, financial governance, workforce governance, regulatory and legislative compliance and feedback and complaints. The service also had policies and procedures, information and risk management systems and a clinical governance framework, which ensured the service consistently delivered safe and effective care and services

‎The service conducted internal audits which gathered evidence through various avenues, which included consumer interviews. The audit structure reflected the Quality Standards and were designed to inform continuous quality improvement. Management advised the service aimed to exceed the requirements of the Quality Standards.

The service’s regulatory compliance was maintained through regular monitoring of changes to aged care law and other legislative updates. The service communicated changes to staff and provided training to staff on effectively and proactively identifying, escalating, addressing and recording reportable incidents.

Clinical care was governed by a clinical governance framework which included antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were well trained in the appropriate and minimal use of antibiotics at the service. The service had programs in place to order antibiotics for consumers with a consultant pharmacist consulted about antibiotic use if infection trends were identified.

‎Management described how the service managed restrictive practices that were in place. The service had effective risk management system and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best lives they can and managing and preventing incidents, including the use of an incident management system.

Based on the evidence summarised above, this Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.