Glenrose Court

Performance Report

550 Portrush Road   
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**Commission ID:** 6764

**Provider name:** Churches of Christ Life Care Incorporated

**Site Audit date:** 29 March 2022 to 31 March 2022

**Date of Performance Report:** 2 June 2022

# Performance report prepared by

Rebecca Beaman, 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 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 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.

Consumers interviewed confirmed they are treated respectfully, and staff respect their dignity, culture, diversity and ethnicity. Consumers confirmed they are supported to make informed choices about their care and services and live the life they choose. Consumers also confirmed they are supported to exercise choice and staff know and respect their choices and preferences, including who they wish to maintain relationships with, religious practices and who they wish to be involved in their care and decision making.

Consumers interviewed confirmed they are provided support from the service and the staff to continue living the life they choose. Consumers and their representatives interviewed confirmed consumers’ personal privacy is respected and their personal information is kept confidential.

The service demonstrated it has effective processes to identify and communicate consumers’ cultural and spiritual needs, goals and preferences. The service supports consumers to live the life they choose and where risks are involved the service implements strategies to mitigate the risk. The service provides information to consumers in a variety of ways and ensures consumers’ care documentation reflects their preferences, choice and decision making.

The service has processes to maintain consumers’ privacy and to keep consumer information confidential. Staff interviewed confirmed processes and demonstrated knowledge of consumers’ choices, including other people involved in consumers’ care.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives confirmed they were informed of outcomes of assessment and planning and are kept informed of outcomes where there has been an incident or change in consumer condition. Consumers and representatives also confirmed they are able to discuss assessment and planning with others that deliver care, including allied health professionals. Additionally, representatives confirmed end of life wishes are discussed as part of the admission process or when those needs arise.

The service has processes to ensure comprehensive assessments are completed for each consumer to develop their care plans. The service has assessment tools to identify risks and monitor and record changes and deterioration in consumers which then inform strategies that are recorded in the care plan. The service involves other health professionals where required to complete assessments and plans for consumers. All assessments and care plans are recorded and communicated to those providing care to the consumer. Consumer care plans sampled confirmed consumers’ current needs, goals and preferences are recorded and end of life wishes, and palliative care plans are recorded and developed in consultation with the consumer and their representative, where appropriate. Regular reviews and reassessment of consumers’ needs occur, including following incidents or changes in the consumer’s condition.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The service was found Non-compliant in requirement (3)(b) of this Standard following an Assessment Contact on 6 May 2021 as the service did not demonstrate they effectively managed high impact or high prevalent risks associated with consumer care, specifically in relation to the management of diabetes, wounds and the prevention of pressure injuries. I have included information in the relevant requirement below.

Consumers and their representatives interviewed confirmed consumers receive personal care and clinical care which is safe and right for the consumer. Consumers confirmed personal care is provided in line with their preferences and in a timely manner when they request assistance. Consumers and their representatives confirmed medical officers and other health specialists are available and involved in managing consumers’ clinical needs or following an incident or change.

The service demonstrated it has effective systems to deliver personal care and clinical care to consumers and is supported by organisational policies, procedures and guidelines which are based on best practice. The service uses incident reporting, progress notes, verbal and written handovers, clinical reviews and meetings to identify changes or risks in relation to consumers’ care.

Consumer files viewed showed the service effectively identifies and monitors changes, including pain, behaviours, falls, wounds and weight loss, and appropriate strategies are implemented to inform staff on how to manage the consumer’s needs. Consumers are referred to specialists when ongoing incidents or deterioration occurs. Consumers’ files viewed showed consumers at end of life have appropriate personal and clinical care implemented to support consumer dignity and comfort.

Staff interviewed provided examples of assisting consumers with personal care and clinical care in line with their current documented needs. Staff explained incident reporting processes and confirmed they are informed of changes to consumers’ needs through handovers, progress notes and other communication tools. Staff demonstrated and confirmed infection control practices in line with current infection control guidelines.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements*.*

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

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

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

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

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

This requirement was found Non-compliant following an Assessment Contact conducted on 6 May 2021 where it was found the service did not effectively manage high impact or high prevalent risks, specifically in relation to the management of diabetes, wounds or the prevention of pressure injury. The service implemented actions and improvements to address the deficiencies identified, including (but not limited to):

* Review of the organisation’s pain and wound management policies and procedures.
* Additional training for clinical staff in relation to wound assessment and monitoring.
* Referral of all consumers identified with chronic wounds to an external wound specialist.
* Referral of all consumers with diabetic diagnosis reviewed by eternal diabetes specialist.
* Implementation of a skin integrity risk assessment completed on admission to capture any concerns regarding risk of pressure injury.

The Assessment Team found through interviews, observation and review of documents that the service was able to demonstrate it effectively manages high impact or high prevalent risks associated with consumer care. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives interviewed confirmed the care consumers receive was safe and right for them.
* The service uses a high risk register to maintain information around consumers’ high impact or high prevalent risks for clinical staff to refer to.
* The Assessment Team sampled two consumers in relation to behaviour and diabetes management and found care was appropriate and effectively delivered.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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 interviewed confirmed they are supported to do the things they want to do, including accessing the community and maintaining relationships with people important to them. Consumers provided examples of individual and group activities they are supported to engage in, including spiritual, cultural and social activities in line with their preferences. Consumers confirmed they are able to talk to staff or access other supports when they are feeling down and need emotional support. Consumers confirmed they receive meals which are of good quality and suitable to their dietary preferences.

The service demonstrated effective processes to ensure consumers receive safe and effective services and supports for daily living. Assessments are completed and recorded to identify and communicate consumers’ needs, preferences and goals which optimise consumers’ independence, well-being and quality of life. Care plans include strategies for staff on how to provide support, including equipment required and activities the consumer wishes to attend.

Consumers’ files viewed show consumers participate in a bi-monthly wellness assessment with lifestyle staff and changes are made to the care plans based on consultation with the consumer. The service has an activity program and consumers are provided opportunity to make suggestions and give feedback on activities.

Consumers’ dietary needs and preferences are recorded and available where food and drinks are prepared.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

Consumers and representatives interviewed confirmed consumers feel safe and at home living in the service and have been supported to personalise their rooms. Consumers and representatives confirmed they are satisfied the service environment and equipment are clean and well maintained.

Observations confirmed consumers are able to move freely throughout the service, including outdoors and there are navigational aids to assist. The service appeared clean and well maintained with appropriate furnishings throughout to enhance the environment.

The service has scheduled and reactive cleaning and maintenance programs in place, including accessing external contractors to service equipment and monitor safety systems. Staff confirmed the processes of cleaning and maintenance in line with the schedules and staff demonstrated how they request or report additional cleaning or maintenance when required. The service has monitoring systems in place to ensure the cleaning and maintenance systems are effective.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Consumers and their representatives interviewed confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. Consumers said they felt comfortable talking to staff and felt staff were advocates for them. Consumers and their representatives provided examples of how they can make complaints, including through feedback forms, and meetings. Consumers and their representatives confirmed when they have raised complaints they have been responded to in a timely manner and actions are taken to resolve the issues to their satisfaction.

The service demonstrated it has effective complaints and feedback systems and a register is maintained which records complaints to identify trends and areas for improvement. The complaint register showed complaints are recorded, including the actions taken and the outcome and consultation with the complainant. The service has an open disclosure policy which is used when things go wrong. Staff interviewed confirmed complaints processes and provided examples of supporting consumers to raise complaints, including when verbal complaints are made.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

The service was found Non-compliant in requirement (3)(a) of this Standard following an Assessment Contact on 6 May 2021 as the service did not demonstrate they had the right number and mix of staff, specifically care and clinical staff, to deliver safe, quality care and services. I have included information in the relevant requirement below.

Consumers and their representatives interviewed confirmed consumers receive quality care and services from staff who are knowledgeable, capable and caring. Consumers stated staff were kind and know what they are doing and there are enough staff to provide care and services when they need it.

The service demonstrated it has systems supported by the wider organisation to recruit appropriately qualified staff and on entry to the workforce training and information is provided to enable staff to perform their roles. The service has planned rosters and staff allocation based on consumer needs and vacant shifts are filled by the organisation’s staff or through an agency staff if required. The service has a mix of skilled staff, including registered nursing staff and additional clinical support where required.

The service has processes in place for assessment, monitoring and regular review of performance of each member of the workforce. Where indicated through incident reporting and/or feedback, staff are performance managed appropriately. The service provides additional staff training where required and an annual training program is in place.

Staff interviewed confirmed they are provided training and have opportunities to provide feedback, including through performance reviews. Staff confirmed they have sufficient time and information to perform their roles and are aware of their responsibilities.

The Assessment Team observed staff interactions with consumers and their representatives was kind, caring and respectful.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements.

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

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

This requirement was found Non-compliant following an Assessment Contact conducted on 6 May 2021 where it was found the service’s workforce was not planned with the right number and mix of members of the workforce to enable the delivery and management of safe and quality care and services, specifically in relation to care and clinical staff. The service implemented actions and improvements to address the deficiencies identified, including (but not limited to):

* Allocation of smaller numbers of consumers to the enrolled nurse on shift.
* A monthly review of staff allocation against the acuity of consumers.
* Regular monitoring of call bell compliance.
* A review completed of staff workloads including clinical staff and adjustments made where required.

The Assessment Team found through interviews, observation and review of documents that the service was able to demonstrate it has the right number and mix of staff to delivery safe and quality care and services. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers were satisfied with the number of staff allocated and indicated they did not have extended wait times for assistance.
* Call bell analysis reports show staff are answering consumer requests in a timely manner.
* Staff indicated there felt there were enough staff allocated each shift to undertake their roles effectively.

For the reasons detailed above, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with requirement (3)(a) in Standard 7 Human resources.

### 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 interviewed were satisfied the service is well run and they are involved in the evaluation and development of care and services delivered at through meetings, focus groups, surveys, and providing feedback.

The service is supported by the wider organisation who provides policies and procedures to guide organisational governance systems, including defining roles, responsibilities and accountabilities. The Board is provided with monthly updates from all parts of the business, including but not limited to, incident data, issues, feedback and improvement initiatives. Continuous improvement is driven from all levels of the organisation including when incidents have impacted consumer care.

The service has effective organisational risk management and clinical governance systems which are implemented at the service and staff practice is in line with organisational expectations in managing risks. The service has an effective incident management system to identify and respond appropriately to risks associated with consumer care and risks associated with elder abuse. The organisation has a clinical governance framework which supports infection control management, minimisation of the use of restraint and antimicrobial stewardship.

Based on the Assessment Team’s report, I find Churches of Christ Life Care Incorporated, in relation to Glenrose Court, to be Compliant with all requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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