Harbison Burradoo

Performance Report

2-10 Charlotte Street   
BURRADOO NSW 2576  
Phone number: 02 4868 6200

**Commission ID:** 2658

**Provider name:** Harbison Memorial Retirement Village

**Site Audit date:** 21 March 2022 to 24 March 2022

**Date of Performance Report:** 21 April 2022

# Performance report prepared by

G Cherry, 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 conducted 21-24 March 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
* the provider did not submit a response to the Site Audit report
* information received from the community

# 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

Sampled consumers consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and are supported and aware of consequences in taking risks to enable them to live as they choose. Consumers consider staff communicate respectfully, support their individuality, identity, culture, ethnicity and diversity in aspects of care and service including choice of gender in providing care and privacy to maintain personal relationships and valuing choices.

Consumers said staff discuss risks associated with their choice and gave examples of how staff support them to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services and information is provided to enable consumers to make informed decisions.

The Assessment Team observed staff providing consumers privacy, including care delivery and respectfully interacting with consumers. Observation of individual rooms demonstrates celebration/honoring of cultural diversity via socio-cultural symbols, flags, and emblems as appropriate.

Staff consistently referred to consumes in a manner demonstrating respect and an understanding of their individual circumstances and life journey. The service supports communication via a translator device and linguistic cue cards which assist interactions with consumers from culturally and linguistically diverse backgrounds.

Care staff described consumers personal life history and culture and how these aspects are considered when providing care and services. Staff spoke positively and expressed pride in meeting consumers’ needs. Management consistently referred to consumers in a manner demonstrating respect and understanding of individual circumstances, life journey and how this influences day to day delivery of care and services. Staff gave examples of maintaining consumers’ confidentiality and privacy when providing care and services and when communicating consumer’s needs with others.

The organisation has a documented commitment to diversity and anti-discrimination and procedural guidance to support dignity in care. Policies guide staff in relation to organisational expectations and outlines the approach to delivering care in a personalised manner, taking into consideration cultural diversity, ethnicity and linguistic needs and perspectives. Training documentation demonstrated education and training provided to staff in relation to the Quality Standards.

Care and services planning consider religious affiliations, personal beliefs, identity, cultural and ethnic needs specific to each consumer including balancing autonomy and risk. Risk assessments have been undertaken for all activities which have an element of risk. Electronic records are protected by security access. The Assessment Team observed information relating to advocacy, external services, COVID-19 awareness and required protocols available in a variety of languages and visible at the service entrance.

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

Sampled consumers consider they are involved in initial and ongoing planning of care and services, including end of life planning when required. Consumers and representatives expressed satisfaction staff involve them in assessment and planning through conversations and meetings upon entry, on a regular ongoing basis, and/or when consumers’ needs change. They consider they are informed of risks relating to individual choices and participate in discussions relating to end of life preferences.

Consumers and representatives consider they are included/informed in outcomes of assessment and care and services planning; medical officers and other external health professionals are included and consumers and have access to care plan documentation. Documentation demonstrated most sampled consumers had evidence of an advanced care plan and/or consultation/discussion occurred.

Clinical and care staff described the review process, involvement of consumers and others where required and clinical staff act as case managers. Organisation policy documentation guide staff practice in undertaking initial and ongoing reassessment processes. Staff demonstrated knowledge of their responsibilities and gave examples of consumer outcomes. The organisation has written policies to guide staff in completing assessment and planning, including end of life planning. Policies/guidelines include references to external organisations and aged care peak bodies for best practice guidance.

The Assessment Team reviewed documentation and identified assessment and planning based on ongoing partnership with consumers (and those they choose to be involved) including reviews and case conference meetings when circumstances change, or incidents impact on consumer’s ongoing needs, goals and preferences. Care plans are written in a format suitable for consumer/representative review.

Care and services plans contain information relative to risk and detailed strategies to mitigate risk. Representatives and appropriate medical or allied health professionals are involved when circumstances changes and/or when incidents occur. An electronic management system has been implemented to manage/enhance documentation and clinical care provision.

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

Sampled consumers consider they receive personal and clinical care that is safe and right for them, provided in a timely manner as per their needs/preferences and optimises health and well-being. Consumers and representatives consider they are involved in advanced care planning discussions and planned outcomes upon entry to the service and/or when consumers’ needs change. Consumers and representatives expressed satisfaction with information provided to them relating to clinical and personal care needs.

Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and provided examples of organisational supports to guide them in delivering personal and clinical care that is best practice, individualised and tailored to consumer’s specific needs. Staff described the process for reporting and documenting changes in consumer’s needs to ensure these needs are addressed and the process of communicating care needs post medical officer and/or specialist review. Staff expressed an understanding of how to recognise and respond to consumers’ decline in health condition and when palliative care is required.

The service demonstrated processes for involvement with consumers to identify individuals, organisations and other providers such as medical officers, allied health professionals and specialists to deliver care, services to meet consumer’s individual needs, services and preferences. The service demonstrated application of appropriate precautions to minimise and prevent transmission of infections and appropriate use of antibiotics. Health screening protocols ensure screening of staff and visitors prior to entering the service.

The service demonstrated how high impact and high prevalence risks are effectively managed, advised of a new tool recently implemented to improve identification of consumer risk and risk mitigation strategies. Clinical staff gave examples of care resulting in improved outcomes for consumers and an understanding of individual and organisational risks and mitigation strategies utilised.

Best practice guidelines are used to ensure organisational policies and procedures support and guide delivery of care. The organisation collates data and analyses trends to improve responses to high impact high prevalence risks and a clinical governance framework monitors to ensure appropriate management and mitigation strategies instigated where required.

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

Sampled consumers consider they receive services and supports to daily living that are important for their well-being and enable them to safely participate in activities of choice. There are a range of methods for ensuring consumers have input into services and supports. Consumers said they do things that are of interest to them, and that staff assist them to maintain relationships, stay in contact with people of importance and attend activities within and external to the service. Spiritual services are available; there is a variety of foods they enjoy, and staff have knowledge of their dietary needs and food preferences. Consumers expressed satisfaction with the cleanliness and maintenance of equipment.

Staff interviewed demonstrated knowledge of consumers individual needs/preferences, plus services and supports to assist independence in activities of daily living. Staff provided examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service and supports to promote emotional, spiritual and psychological wellbeing. Consumers provide input into meal preferences and lifestyle activities and lifestyle program documentation demonstrates their participation. Consumers who prefer not to participate in group activities are supported with individual activities of choice.

Staff described emotional, spiritual and psychological supports available for consumers, including access to spiritual supports, attendance at church services, and spending individual time with consumers who prefer not to participate in communal activities. Staff described methods of supporting consumers to maintain contact with those of importance to them, during times when they are not able to leave the service, for example during the Covid-19 pandemic. Lifestyle personal described how the service engages external organisations and volunteers to supplement a variety of activities.

Care and services planning documentation detailed information relevant to each consumer’s needs including information relating to life history, family and social connections, religious/spiritual, emotional and psychological needs and preferences. Care planning documentation detailed dietary preferences, diet modification and meal fortification.

Documentation demonstrated methods of communicating current needs with those involved in consumer care. Policies and procedures are available to guide staff in relation to safe and effective services to optimise consumer’s independence, well-being and quality of life. Documentation review detailed consumer participation in a recent interactive cycling event resulting in receipt of congratulatory communication from dignitaries.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as needed. Consumers were observed to be engaged in activities and meal service. The Assessment Team observed the service environment and furniture/fittings to be clean, and equipment used to support lifestyle services to be suitable, safe, clean and well-maintained.

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

Sampled consumers consider they feel safe and comfortable and at home within the service. Consumers expressed a range of feedback including visitors are made to feel welcome, there are areas which provide space for group activities and private areas. Consumers are satisfied with cleaning of the environment and equipment, ability to access outdoor areas and feel secure. They expressed confidence staff demonstrate knowledge of safe and appropriate operation of equipment.

The Assessment Team observed consumers with limited mobility are supported to move freely throughout the service via wheelchairs, electric mobility aids and with staff assistance.

Staff described the process for ensuring equipment is cleaned and maintained and said training is provided to them regarding the use of equipment. The service environment maximises support for consumer’s independence via navigational aids seating areas, lighting, and room identification. A preventative and routine maintenance program ensures equipment in good working order.

The Assessment Team observed the service environment to be clean and welcoming; furniture appropriately placed to enable seating when needed; furniture/fittings were observed to be clean well-maintained and suitable for consumer use. Consumers, family members and staff were observed to be utilising communal and private areas.

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

Sampled consumers and representatives consider they are encouraged and supported to give feedback and complaints, appropriate and timely action is taken, and open disclosure processes utilised when required. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers provided a variety of methods utilised to provide feedback and expressed confidence they could make complaints, felt safe to do so, are confident feedback and concerns are resolved in a timely manner and used to improve services. Consumers described management and staff as approachable and were comfortable to voice their concerns. Consumers expressed satisfaction they were aware of the external avenues available for complaint escalation.

Staff receive training and education relating to the complaints process, advocating on behalf of consumers and the process of open disclosure when required. The service demonstrated actions taken in response to complaints and provided examples of feedback resulting in improvements for consumers.

Documentation detailed guidance for staff in reporting, documenting and managing feedback and the open disclosure process required. Complaints and feedback are reviewed by management and documentation review demonstrated all feedback had been reviewed and acknowledged by management. The service has an electronic program for reporting of complaints. Some staff demonstrated limited knowledge of how to assist consumers in using the electronic format however could articulate the process to escalate concerns raised by consumers management and how the organisation use this to improve care and services.

While the Assessment Team observed brochures explaining the electronic format they noted limited forms available to submit feedback in hard copy. Information is given to consumers and representatives regarding services to support in communicating their concerns, including advocacy services and external modes of complaints management. Information is displayed throughout the service detailing the internal and external complaints mechanisms available.

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

Sampled consumers consider they get quality care and services in a timely manner from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind, caring, gentle, know what they are doing, they feel safe when staff are assisting them, and there is enough staff to provide care and services in a timely manner.

Staff said they are provided with equipment and supports to carry out duties of their roles and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff said the service maintains coverage of shifts and there are generally enough staff to manage workflows and respond to consumers’ needs.

The organisation demonstrated a planned approach to ensuring an effective workforce and the number and mix of deployed members enables delivery of safe and quality care and services. Management explained the introduction of a new rostering system to manage the process of unplanned leave.

The Assessment Team observed staff interacting with consumers in a calm, kind, caring and respectful manner demonstrating awareness of each consumer’s identify, ethnicity, culture and diversity.

Management demonstrated organisational requirements of a consumer centric approach in the delivery of dignified, respectful and culturally safe care. Education, training, policies and procedures promotes organisational expectations relating to all consumer interaction. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role.

Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards, legislative changes and relevant competencies for designated roles.

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

Sampled consumers and representatives consider the organisation is well run, they can partner in improving delivery of care and services through active participation via a variety of mechanisms and the governing body has a presence within the service and community. Consumers expressed satisfaction of sufficiently trained staff and effective management process to ensure consumer safety and well-being. Consumers described the method of involvement in the design and delivery of care and services and the opportunities available to provide input.

The organisation demonstrated effective governance systems and oversight to deliver safe quality personal and clinical care, including a range of reporting systems to ensure governing body awareness and accountability relating to information management, continuous improvement, finance, workforce, feedback and complaints, regulatory compliance and a clear escalation and reporting pathway within the organisation. The clinical governance framework includes antimicrobial stewardship, minimising use of restrictive practices and open disclosure when an incident occurs.

The service demonstrated board member’s involvement to support delivery of outcomes appropriate to the Aged Care Quality Standards. Organisational processes ensure legislative changes are communicated to those involved, including recent implementation of the Serious Incident Reporting scheme. Risk management systems are in place for high impact high, prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. Staff demonstrated ability to apply the risk framework in their day-to-day practice. The organisational governing body ensures consumers and representatives are engaged in aspect of the business relating to consumer care. Interview with board members demonstrated strong involvement of board members in the running of the service including implementation of several board driven changes resulting from consumer feedback, analysis of data and incident management.

Organisational policies and procedures in relation to risk management and clinical governance, appropriately trained staff and relevant tools to support staff in undertaking roles and responsibilities were evident. The organisational overarching governance and clinical governance framework demonstrates monitoring processes to ensure ongoing obligations are achieved.

The Assessment Team observed documentation and management and staff demonstrated opportunities for improvement are identified, monitoring of incidents and areas of high risk are managed and inform ongoing continuous improvement. The service demonstrated a methodical, considered approach to continuous improvement identification and implementation, including governing body oversight where relevant and provided examples of consumer and representative engagement in decisions relative to consumer care and services and continuous improvement.

Staff demonstrated knowledge of the systems in place, regulatory requirements, feedback and complaints processes, risk management systems and the process for escalating issues of concern.

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