Hope Aged Care Brunswick

Performance Report

34 Lux Way   
BRUNSWICK VIC 3056  
Phone number: 03 9380 8028

**Commission ID:** 4081

**Provider name:** Sixth Eastway Pty Ltd

**Site Audit date:** 11 May 2022 to 13 May 2022

**Date of Performance Report:** 28 June 2022

# Performance report prepared by

Kathryn Spurrell, 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** | **Non-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) | Non-compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the Site Audit report.
* other information and intelligence held by the Commission in relation to the service.

# 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 and representatives considered they were treated with dignity and respect, and their identity, culture and diversity valued. Staff demonstrated an understanding of consumers’ life stories and cultural backgrounds and described how these informed the delivery of care and services. Staff were observed interacting with consumers in a respectful manner and addressing consumers by their preferred names. Care planning documentation included the personal preferences and cultural diversity of consumers.

Consumers felt supported to exercise choice and independence and to maintain relationships. Staff described how they encouraged consumer independence and supported them to make informed decisions about their care and services, which was supported by care documentation. The service had policies and processes to support consumers to make informed decisions and maintain meaningful relationships.

Consumers were supported to take risks and live the life they choose, including making choices about mobilising and undertaking activities outside the service. Staff demonstrated awareness of those activities and explained how they supported consumers in these activities. Care planning documentation described areas of risk and how consumers were supported to live the life they wish.

Consumers and representatives stated they received information to assist them to make decisions about care and services. The service provided information to consumers through consumer and relative meetings and minutes, the lifestyle program, information on notice boards, food focus meetings, the menu on display in dining rooms and brochures and other information in a variety of languages.

Consumers said staff respected their privacy when providing care and services. Staff stated they knock on consumers’ doors prior to entering their rooms and described how information was stored securely. The service had privacy policies, confidentiality agreements with staff and conducted training on privacy, dignity, respect 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 felt like partners in the ongoing assessment and planning of their care and services. Staff described how changes to consumers’ care plans were communicated to inform the delivery of safe and effective care. Care planning documentation identified risks to consumers’ health and well-being, such as chronic pain, pressure injuries and skin integrity. The service completed an initial assessment upon consumers’ entry to the service, followed by a comprehensive care plan that was reviewed every three months or when consumers’ circumstances change.

Care planning documentation included consumers’ current needs, goals and preferences, including end of life wishes. Staff described consumer preferences regarding end of life planning and care, and stated advance care plans were reviewed if a consumer’s condition is observed to be deteriorating. The service had a palliative care procedure to support end of life planning.

The service demonstrated that assessment and planning was based on a partnership with consumers and representatives, and where other organisations or individuals were involved in the care of the consumer, their recommendations were followed. Care planning documentation evidenced that external providers were involved in the care of consumers, such as geriatricians and medical officers. Staff described how consumers and representatives were involved in care planning.

Consumers and representatives stated that outcomes of assessment and planning were communicated, and they were able to access their care plans when needed. Staff explained that care planning was discussed during handovers, through the clinical management system and directly with consumers on a daily basis. Outcomes of assessment and planning were recorded on the clinical electronic management system, which was accessible to all staff.

## 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.

Consumers felt they received personal care and clinical care that was safe and right for them. Representatives provided examples of individualised care that was tailored to the needs and preferences of consumers. Staff described how they provided best practice care. Care planning documentation reflected safe and effective care that optimised the health and well-being of consumers.

Care documentation showed that high-impact and high-prevalence risks such as medication management were identified, and appropriate interventions were documented for each consumer. Representatives expressed satisfaction with how the service managed risks relating to specific health conditions. Staff were aware of their responsibilities in managing risks and described strategies used to minimise and manage risks for consumers. The service recorded clinical incidents and trended data for high impact and high prevalence risks such as medication incidents, falls, infections and wounds.

Care planning documentation demonstrated that dignity was preserved for consumers nearing the end of their life and care was provided in accordance with their needs and preferences. Staff described the way care delivery changes for consumers nearing the end of their life and practical ways that consumers’ comfort was maximised.

Staff provided examples of how changes in consumers’ condition were recognised and responded to, such as communicating with the care team, and referring to appropriate providers such as physiotherpaists, medical officers and palliative care specialists. Representatives expressed satisfaction with how the service kept them informed of changes to consumers’ condition.

Care documentation included information to support sharing consumers’ condition, preferences and care needs within the service and with external providers such as geriatricians, allied health practitioners and physiotherapists. Input from external providers was reflected in care plans and handover documents. Staff described how current information about consumers was documented and communicated within the organisation, and the process for referring consumers to external health professionals.

The service had policies and procedures to minimise infection-related risks, and staff provided examples of practices to prevent and control infections. Staff described how the service minimises the use of antibiotics and infection related risks. The service logged infections and antibiotic use and provided training in infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment and cleaning processes.

### 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 NON-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 Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (4)(3)(f) was not met, regarding the quality and quantity of meals provided. I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response and found the service Non-compliant with Requirement (4)(3)(f). I have provided reasons for my findings in the specific Requirement below.

Consumers felt supported to pursue activities of interest to them and provided examples of supports that helped optimise their quality of life and independence. Staff described what was important to consumers and the activities they chose to participate in, which were consistent with consumer feedback and care plan records. Care plans included consumers' lifestyle preferences and strategies to support their independence.

Consumers outlined the different ways they received emotional, spiritual and psychological support, including through practicing their chosen religion, communicating with staff and maintaining relationships. Care planning documentation included information about consumers' spiritual beliefs and strategies to support their emotional well-being. Staff described how they monitored and supported changes in consumers’ well-being.

Care planning documentation detailed consumers’ hobbies, interests, important relationships and how they wished to participate in activities. Consumers provided examples of how they kept in touch with friends and family and their preferences for engaging in activities and outings. Staff explained how consumers participate in the community and maintained connection with people who were important to them.

Staff described how consumers’ changing condition, needs and preferences were communicated within the service and with external providers of care, such as through handover meetings and the electronic care management system. Care documentation included appropriate information about consumers’ condition, needs and preferences to support effective and safe care. Consumers and representatives told the Assessment Team they were satisfied with the communication of information regarding their care and services.

Equipment was observed to be safe, suitable and generally well maintained. Staff said they had access to necessary equipment and explained procedures used to maintain hygiene and ensure safety.

## 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) Non-compliant

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

The Assessment Team found the service did not demonstrate that meals were varied and of suitable quality and quantity. Relevant (summarised) evidence included:

* Consumers stated they found the meals of poor quality and repetitive and felt there were deficiencies in the dining experience. Consumers felt there had been a deterioration in the quality and variety of food offered and stated meals often did not meet their preferences.
* A representative observed the food to be difficult to consume and stated they had not received a response to feedback provided.
* The Assessment Team observed a consumer served a plate of fruit for morning tea with no cutlery, and meals served to consumers without being removed from trays. Main courses were also observed to be served without clearing away appetisers.
* The Assessment Team observed several consumers playing with their food and not consuming it, with no assistance from staff.
* Staff had difficulty reading displayed menu schedules and aligning meals served to the menu.
* The complaints register recorded numerous complaints consistent with that outlined above.

The Approved Provider responded in writing on 21 June 2022 and advised that a gap analysis on food satisfaction had been completed, with a plan of continuous improvement developed to address the issues identified. Strategies to improve the quality of meals provided include:

* Consumers surveyed about food satisfaction, and quarterly care consultations regarding meal satisfaction to be conducted.
* The engagement of a new qualified chef to take over catering in early July 2022.
* All staff have completed training and education on meal service, dining experience and providing assistance to consumers.
* Spot checks are completed by the Service Manager and Clinical Care Co-Ordinator during mealtimes to ensure service standards are met.

While I acknowledge the actions taken by the Approved Provider prior to and in response to the Site Audit, I remain of the view that at the time of the Site Audit the service did not demonstrate that the meals provided, were varied and of suitable quality and quantity. I find this Requirement Non- Compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers felt they belonged at the service and felt safe and comfortable in the service environment. Consumers rooms were observed to be personalised with items to support their sense of belonging. The service environment had appropriate signage, lighting and reflected dementia enabling principles of design.

The service environment was observed to be generally clean and safe with consumers able to navigate and access outdoor areas. Pathways were clear and free of obstruction, and a potential trip hazard in an outdoor courtyard was quickly addressed by the service when identified by the Assessment Team. Staff described procedures for maintenance scheduling, routine checks and how entries were logged to ensure the service was safe and well-maintained.

Consumers considered equipment met their needs and was safe, clean and operational. Staff described processes to ensure equipment was suitable, safe and regularly cleaned. The service evidenced documentation which demonstrated equipment and furnishings were regularly maintained.

## 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.

Most consumers and representatives felt comfortable and supported providing feedback and making complaints and were aware of different methods available to do so. Staff described how complaints were processed, reviewed and acknowledged. The complaints register demonstrated that feedback and complaints were made from a range of sources on a regular basis.

Consumers and representatives said they were aware of alternative methods for making a complaint. Staff described how they support and assist consumers to provide feedback. Information about internal and external complaint mechanisms was displayed throughout the service. The service provided material to support consumers to make complaints in a number of languages, including how to access advocacy services.

Consumers and representatives generally considered that appropriate action was taken in response to their complaints and the service demonstrated how feedback and complaints were reviewed and used to improve the quality of care and services. The service has an open disclosure policy to inform staff about how to approach complaints, and staff described actions taken to resolve complaints.

The service maintained a plan for continuous improvement which included action to address consumers’ concerns about food provided by the service. The Assessment Team reviewed minutes of resident and relative forums and food focus meetings and noted ongoing discussion about food. The service advised it used an electronic complaints management system that informed complaint trend analysis.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Consumers and representatives considered staff were kind and caring, had the appropriate skills to provide care, and that there were sufficient staff to meet their needs in a timely manner. Clinical staff considered they had sufficient resources and felt supported by management to deliver safe and effective care. Management explained to the Assessment Team how the workforce is planned, based on the number of consumers at the service, the needs of consumers and the layout of the service. The service had processes in place to address unplanned leave and monitor call bell response times.

Staff were observed assisting consumers in a respectful and kind manner. They showed respect for consumers by addressing them using preferred names and engaging in friendly and familiar conversations.

The service had processes in place to recruit suitable staff, and consumers expressed confidence in their skills and knowledge. Staff participated in an orientation process, mandatory and ongoing training, competency assessments and performance monitoring. The service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies.

Staff performance was regularly assessed, monitored and reviewed, through orientation and onboarding processes, probationary and ongoing performance appraisals and observations. Management advised that feedback from consumers, representatives and staff informed the service’s performance monitoring process.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

Consumers and their representatives considered the service was well run and they were supported to partner in improving the delivery of care and services. Staff described how consumers were encouraged to engage in decisions about changes to services, and the development, delivery and evaluation of care and services. Consumers were involved in decisions about the service environment, delivery of clinical and personal care, lifestyle activities, food, and meal services, staffing and their overall satisfaction. Feedback was provided by consumers in a variety of ways.

The organisation’s governing body was accountable for the delivery of safe, inclusive, and quality care and services. The governing body received and considered information on a monthly basis from a variety of sources. Management described how the governing body promoted a culture of safe, inclusive, and quality care, and provided examples of change driven by the governing body. The governing body communicated regularly with staff, in person and in writing.

The service had effective organisation wide governance systems. Staff and management could access relevant information to perform their roles, including through the electronic care management system and policies and procedures. The service provided information on feedback and complaints to consumers in multiple languages and information about external complaints agencies and advocacy services.

Financial governance and workforce governance were addressed, with flexibility to engage additional staff as required. Regulatory compliance was maintained through monitoring changes to legislative requirements, updating relevant documents, disseminating information to staff, and monitoring staff compliance with policies, procedures and legislation. The service had a process for identifying and monitoring continuous improvement, and for reporting incidents. Management described the processes for implementing and reviewing improvement initiatives outlined in its plan for continuous improvement.

The service had a documented risk management framework, which included policies on high-impact or high-prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff had received education on these topics and provided examples of relevance to their work. Management described how incidents were identified, responded to, and reported in accordance with legislation, including serious incident reporting through the Serious Incident Response Scheme.

The service had a clinical governance framework which included policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had received training on these policies, demonstrated a shared understanding of them and provided examples of how they were applied.

## 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f) – The service ensures that meals are of suitable quality and quantity and meet the needs and preferences of consumers.