Portofino - Hamilton

Performance Report

101 Allen Street
HAMILTON QLD 4007
Phone number: 07 3422 9300

**Commission ID:** 5756

**Provider name:** Queensland Rehabilitation Services Pty Ltd

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

**Date of Performance Report:** 18 August 2022

# Performance report prepared by

Tara Wurf, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 7 August 2022
* 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

Consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The service staff understood individual consumers’ care needs and service preferences and how consumer’s culture influences the delivery of care and services.

Consumers felt they are encouraged to do things independently, including taking risks which enables them to live the best life they can. Consumers confirmed their personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality.

Consumers and their representatives considered they are provided with information to enable them to make decisions, including who is to be involved in their care, their participation in activities and selection of meals.

Consumers were supported to maintain their independence and risk assessments were completed as required. The organisation supported the dignity of risk concept that recognised consumers had the right to make decisions that affected their lives and those decisions were respected, even where there was some risk to the consumer.

Care planning documents provided information about consumers’ background, identity, cultural practices, individual preferences and choices. The service assessed risks to consumers and documented strategies to assist them to maintain their independence and exercise choice. Consumers’ files contained evidence of consultation with consumers, their representatives and provision of general information via a range of methods such as emails, telephone calls, case conferences, newsletters and organised meetings.

The organisation has a range of policies that guide staff practice, including on topics such as person-centred care, dignity and risk management. The organisation’s privacy policy provided guidance on the collection, use and disclosure of personal information.

This Quality Standard is 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

Overall consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and their representatives confirmed they were included in the ongoing assessment and planning of their care and services, were informed about the outcomes of assessment and planning and had access to their care documentation if they required it.

Care planning documents reflected involvement of consumers/representatives in assessment and planning, were reviewed regularly, updated when consumer’s needs change or incidents occur and included input from other providers of care and services (for example, medical officers and allied health specialists).

The service demonstrated assessment and care planning processes inform the delivery of safe and effective care and services. The service considered the risk for consumers when completing assessments in accordance with the consumer’s individual risk.

Staff demonstrated a sound understanding of consumers’ care needs, including their individual preferences and any risks associated with their care. Staff confirmed they have access to clinical guidelines, policies and procedures relevant to guide assessment and planning. These included assessment and care planning, referral processes and end of life planning.

Care documentation was observed to be readily available to staff delivering care and allied health professionals had access to consumer’s documentation relevant to their role.

This Quality Standard is 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

Generally, consumers and their representatives considered they received safe and effective clinical and personal care that is right for them. Consumers and their representatives confirmed they have access to doctors or other health professionals (if required) to meet their care need. They reported that staff speak to them about their end of life preferences, and staff are responsive to changes in a consumer’s condition.

Staff demonstrated an understanding of the risks associated with individual’s health and well-being and how the risks were effectively managed and communicated. Staff understood how to report changes to consumers health and refer to appropriately qualified staff or to relevant health professionals such as allied health professionals, medical specialists and specialist services of the consumers choice.

Care planning documents were tailored to individuals and reflected changes in the consumer’s health status. Clinical records reflected referrals to and input from medical officers and allied health professionals such as physiotherapists, mental health specialists, dieticians and other health services.

Care documentation demonstrated strategies are implemented to manage key risks related to personal and clinical care of each consumer. Staff identified the highest prevalence risks for different consumers.

The service has an established process to ensure infection-related risks are minimised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The service has an outbreak management plan that included COVID-19 considerations, which was recently tested when the local area had a COVID-19 outbreak and the service was placed into lockdown. Signage and other information on infection control is displayed throughout the facility while hand cleanser and PPE were noted to be readily available.

The organisation has a range of policies and procedures relevant to this Quality Standard to guide staff practice. Clinical indicators are monitored, reviewed and reported at monthly meetings by management and clinical governance meetings.

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

Consumers reported they received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers and representatives were generally satisfied with the activities the service has available to the consumers.

Consumers confirmed the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them. Care documentation demonstrates the assessment and planning processes capture what and who is important to individual consumers to promote their well-being and quality of life. Leisure and activity care plans are developed for each consumer to inform staff of individual preferences.

Care documentation identifies information regarding the emotional, spiritual and psychological needs of the individual consumer, and strategies to increase their well-being. Staff demonstrated how they respond if they identify a negative change in a consumer’s demeanour and are concerned for their emotional or psychological well-being, including attempting to address the issue through documented strategies as outlined in the consumer’s care documentation and escalation processes.

Consumers were supported to keep in touch with people who were important to them by means of receiving visitors at the service, going out on social leave and through contact by phone calls. Staff were able to provide details on how individual consumers participate in the community and keep in touch with the people important to them and how they service supported their preferences and choices.

Consumers and their representatives expressed satisfaction with the meals provided by the service, and said the meals are of suitable quality and quantity and align with the consumers’ preferences and dietary requirements. Consumers’ needs and preferences are available to all staff in care documentation with changes communicated through verbal and written shift handovers.

Care documentation showed consumers had timely and appropriate referrals to other organisations and providers of other care and services. Staff are supported through documented policies and procedures in place for referrals and are recorded in care planning documents.

Equipment to support lifestyle processes were safe, suitable, clean and well-maintained. Staff demonstrated their understanding of equipment use, cleaning requirements and the process for reporting maintenance concerns.

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

Consumers felt at home in the service and felt safe and comfortable in the service environment. Consumers had access to call bells to alert staff if they need assistance. They confirmed the service environment was clean, tidy and well maintained, and equipment and furniture provided was safe, clean and suitable for their needs. Consumers were able to move freely inside and outside the service if they chose to do so.

Staff had an awareness of how to report items requiring maintenance and documentation identified reactive maintenance was attended in a timely manner and preventative maintenance was undertaken as scheduled.

The indoor and outdoor environment was observed to be welcoming, clean, well-maintained and easy to access. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall, consumers and their representatives considered they are encouraged and supported to give feedback and make complaints, and understood the internal and external avenues available for them to do so. Consumers described examples of improvements made by the service in response to feedback and complaints. Some consumers identified complaints and concerns raised with the service.

Staff described the service’s feedback and complaints processes and their role in supporting consumers to provide feedback or make a complaint. Staff described advocacy and translation services available to consumers. Management described the various mechanisms available to consumers/representatives to make a complaint or provide feedback and the information provided to consumers/representatives about how to make a complaint, verbally or in writing.

Whilst the Assessment Team identified deficits with the service’s management of complaints, the approved provider provided additional clarifying information and evidence that demonstrate appropriate action is taken in response to complaints and open disclosure applied where appropriate.

The service has a complaints policy and a register to record complaints. The service uses complaints and feedback to improve the quality of care and services

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.*

The Assessment Team found the service did not consistently record consumers/representative complaints, take timely action in response to complaints and apply open disclosure following a complaint. For example, four named consumer representatives described recent complaints and feedback raised with the service that were unresolved, and which the Assessment Team found were not recorded in the service’s complaint and feedback register.

The Assessment Team also found that while all staff had completed open disclosure training, management and staff did not demonstrate an understanding of the principles of open disclosure.

The approved provider in its response to the Site Audit Report provided additional and clarifying information in relation to the four named consumers that demonstrated that the complaints/concerns were documented and either resolved or in the process of being resolved. The approved provider included evidence of consultation with the consumer representatives in relation to the complaint matters. I am satisfied that the service has demonstrated it takes appropriate action in response to complaints.

The approved provider’s response also included information and evidence that, at the time of the site audit, the service had an established open disclosure process and staff received open disclosure training. The response also stated that not all complaints raised require open disclosure to be applied, including in the case of one named consumer. I accept the information and evidence from the approved provider.

The approved provider’s response further outlined improvements implemented following the site audit, including:

* revised complaints and open disclosure policy to include a dedicated open disclosure section
* additional staff training / information regarding complaints management and open disclosure.

I have considered the Assessment Team’s information under this and other requirements in Standard 6 and the approved provider’s response and consider the service has demonstrated action is taken in response to complaints and the service has an open disclosure process that is applied where appropriate.

I find this requirement complaint.

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives considered they received care and services from staff who had the qualifications, knowledge and skills to effectively perform their roles. Consumers and representatives reported there was sufficient staff to deliver timely care and services that aligned with consumers’ preferences and care and services plans.

Management demonstrated staffing levels are reviewed and adjusted in line with consumer care needs. There is a process to replace registered and care staff on leave to ensure stability and consistency for consumers. Whilst the service attempts to fill vacant shifts with internal staff (including from a casual pool of staff), agency staff are utilised where required.

Consumers and their representatives felt staff are kind, caring and gentle when delivering care. They confirmed staff are respectful of each consumer’s identity and diversity and understand their background and cultural preferences. Staff demonstrated an understanding of consumers, including their needs, preferences, methods of interaction, and behaviours.

The service has processes to recruit, train and support the workforce and to monitor and review the performance of the workforce.

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.*

The Assessment Team found:

* consumers and representatives expressed confidence in staff to deliver care and services
* the service has a process to recruit, train and support the workforce
* staff reported they receive training relevant to their roles
* the service has a learning and development policy which covers mandatory training requirements, staff competencies and processes to monitor and report completion of training. However, reports from the service’s learning management system demonstrated low staff completion rates across the range of mandatory training topics. Management attributed the rates to the impact of COVID-19.

The approved provider’s response to the Site Audit Report stated that the reports from the learning management system for mandatory training reviewed by the Assessment Team were incorrect and did not accurately reflect completion rates, including because it included staff on long term leave or that no longer worked at the service. The response included current completion rates, which were significantly higher.

Whilst the approved provider acknowledged not all staff had completed mandatory training, it provided information about other staff training and coaching provided at the service, and improved processes implemented to monitor completion of mandatory training. Further, those staff who had not completed mandatory training July 2022 were removed from the roster.

I am of the view that while some staff had not completed mandatory training at the time of the site audit, those staff were removed from the roster pending completion of training. The Assessment Team did not identify deficits in relation to staff knowledge or skills. I have also considered consumer/representative feedback throughout the Site Audit Report that demonstrated satisfaction with staff and the care and services they receive. Staff feedback demonstrated staff have the knowledge and skills to perform their roles from which I infer training and support to staff is effective.

I find this requirement compliant.

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers reported being engaged and encouraged to provide to provide input and feedback about care and services. Management and staff described the mechanisms used by the organisation to actively engage consumers in the development, delivery and evaluation of care and services. These included via consumer/representative meetings, complaints, case conferences and consumer surveys.

The organisation has strategic and operational plans. The organisation monitors the performance of the service and provides regular reports to the governing board, including on incident management, quality audit results, risks, human resources, and satisfaction surveys.

The organisation has effective governance systems in place.

A risk management framework and polices have been implemented by the organisation. Staff have received training on the organisation’s risk management policies and provided examples of their relevance to their work. Staff demonstrated a shared understanding of high impact and high prevalent risks at the service and strategies to manage those risks, what constitutes elder abuse and neglect, and their reporting responsibilities under the serious incident report scheme.

The organisation has a clinical governance framework in place that addresses anti-microbial stewardship, minimising restrictive practice and open disclosure. Staff have received education about these policies and provided examples of their relevant to their work.

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.*

The Assessment Team found that generally governance systems were present and effective, except for the below deficit areas:

* the workforce was not adequately trained and supported to deliver the outcomes required by the Quality Standards due to low mandatory training completion rates; and
* feedback and complaints were not consistently documented and actioned, and open disclosure applied.

These matters have been considered and addressed above in relation to requirements 6(3)(c) and 7(3)(d). I refer to the information and decisions in relation to those requirements under this requirement.

I have also considered the approved provider’s response to the Site Audit Report in relation to requirement 8(3)(c) that acknowledged that while one complaint from a named consumer/family had not been entered into the complaints register, the service was aware actively working with the family to manage the complaint issues. The response also provided details of the organisation’s systems in place at the time of the site audit that required open disclosure to be applied, and further improvements made following the site audit to strengthen open disclosure processes. In response to workforce governance and mandatory training, the approved provider’s response detailed improvements implemented to ensure training data is accurate and increased monitoring and reporting processes occur.

Based on information under 6(3)(c), 7(3)(d) and this requirement, I am satisfied the organisation has effective governance systems. I find this requirement compliant.

### 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.