Uniting Amala Gordon ACT

Performance Report

200 Woodcock Drive
GORDON ACT 2906
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**Commission ID:** 2949

**Provider name:** The Uniting Church in Australia Property Trust (NSW)

**Site Audit date:** 26 April 2022 to 29 April 2022

**Date of Performance Report:** 23 June 2022

# Performance report prepared by

Michael Wyborn, 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 20 May 2022.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers said they are treated with dignity and respect, and their identity, culture and diversity are valued. Staff were observed to treat consumers well and are knowledgeable about individual consumer’s backgrounds, personal circumstances and life journey. Care planning documentation reflects the diversity of consumers, including information regarding consumers’ background, identity, and cultural practices.

Consumers said staff value their culture, values, and diversity, and described how staff provide care and services that are culturally, socially, and emotionally safe for consumers. Staff demonstrated a shared understanding of individual consumer’s lifestyle preferences and culture, and how the consumer’s culture influences how they deliver care and services.

Consumers said they felt they are supported to exercise choice and independence. They can maintain contact with family, friends and others as they choose. Staff described ways that consumers are supported to make informed choices about their care and services such as through participation at consumer meetings and through discussion with staff regarding day-to-day choices concerning food, activities and sharing time with friends and family.

Consumers said they are supported to exercise choice and independence, and to take risks to enable them to live the life they choose. Risks are identified through the completion of assessments by appropriate health professionals and discussions with the consumer or their representative. Care documentation for consumers sampled described areas in which consumers are supported to take risks and strategies for managing these risks are included in care directives for staff to follow.

Consumers provided feedback indicating they are given information which allows them to exercise choice. Staff could describe the different ways information is provided to consumers in line with their communication needs and preferences.

Consumers said their privacy and confidentiality is respected. Staff gave examples of how they maintain privacy of consumers during the delivery of care and services, and observations made were consistent with this. The organisation has systems in place to ensure personal information of consumers is kept confidential.

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 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Consumers and their representatives said they are involved in the service’s assessment and care planning processes.

The organisation has policies, procedures and processes to guide staff practice in relation to conducting assessments and developing care plans. Consumers have care plans that address specific risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

Consumers’ care and services documentation identified the consumer’s current needs, goals and preferences including end of life wishes. Consumers confirmed they have had the opportunity to discuss their end of life wishes. Staff were able to describe what was important for consumers in terms of personal and clinical care.

Consumers (or representatives on their behalf) confirmed they are involved in assessment and planning. Care and services documentation demonstrated consumers, other individuals, or providers of care are involved in the care of the consumer. Staff were able to describe how they involve consumers and their representatives in assessment, planning and review.

The service has processes in place to enable outcomes of assessment and planning to be documented on a care and services plan and effectively communicated to the consumer. Progress notes and case conferencing documentation supports this is occurring. Consumers (or representatives on their behalf) confirmed outcomes of assessment and planning have been communicated to them and a copy of their care plan had been offered to them.

Care and services documentation reviewed showed care and services are regularly reviewed and care plans are updated when incidents occur or when circumstances change. Care plans are reviewed monthly, annually during a case conference or when there is a change in the condition of a consumer. Consumers (or representatives on their behalf) confirmed they are contacted when there is a change and offered a copy of the updated plan.

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

Consumers and their representatives said consumers receive personal and clinical care that is safe and right for them.

Care and services documents generally demonstrated the consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and wellbeing. The service provided evidence of assessments and monitoring for consumers who had wounds, pressure injuries, pain, and specialised care needs. Staff were able to identify clinical and personal care provided to sampled consumers and were aware of non-pharmacological techniques to manage behaviours.

The organisation has systems in place for palliative care and end-of-life care. Staff were able to describe interventions to maintain comfort for consumers who are nearing the end stage of life including personal comfort cares such pressure area care, mouth care, pain management and bowel care. A review of care and services documentation for a consumer who had recently received end of life care showed appropriate care was provided, their comfort was maximised, and their dignity was preserved.

The organisation has systems in place to ensure staff can recognise and respond in a timely manner when the condition of consumers change or deteriorate. Staff were observed responding appropriately and in a timely manner when a consumer’s condition deteriorated. Consumers and representatives confirmed the service is very responsive if their relative is unwell and notifies them of any changes as they occur.

Care documentation, such as progress notes and care planning documents, provided adequate information about the consumer’s condition, needs and preferences and this information is communicated with staff involved in each consumer’s care. The service utilises paper-based lists or emails to enable communication between staff members and others involved in consumer care.

A review of care and services documentation showed appropriate referrals to relevant health professionals, including medical officers, physiotherapists, palliative team and behaviour specialists, were undertaken in a timely manner. Consumers and their representatives provided positive feedback regarding access to health professionals. Staff were able to describe the processes for referring to other health professionals.

The service has systems in place to manage an outbreak and minimise infection related risks. Staff were able to demonstrate a good understanding of antimicrobial stewardship. Some deficits were identified in relation to staff’s infection prevention and control practices, which were addressed and actioned during the site audit.

The service has systems in place to manage high impact, high prevalence risks. A review of care and services documentation showed risks are identified and strategies to mitigate risks were implemented. However, management of high impact and high prevalent risks relating to behaviours and falls including strategies such as sight charts and behaviour charts were not always completed, and assessments were not undertaken when incidents occurred. I am confident that the service has appropriate and quantifiable measures in place for continuous improvement and that management ensure staff are well-informed of the changes required to protect the safety of consumers.

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 and their representatives said consumers are supported to do the things they like to do to optimise their independence, health, well-being, and quality of life.

Consumers were satisfied the lifestyle program supports their individual interests, encourages, and supports them to be as independent as possible. Care plans capture consumer’s individual needs, capabilities, interests, and information about what is important to them. Staff could explain what was important to consumers and how the service’s lifestyle program accommodates activities to cater for consumers needs and preferences, including for those consumers who choose not to participate in group activities.

Consumers reported that their emotional, spiritual, and psychological needs were supported. Care planning documentation includes information regarding consumers’ spiritual beliefs and the people who are important to them. Staff were able to explain how they would respond if they were concerned about a consumer’s wellbeing or if a consumer is confused or distressed.

Consumers described how the service supports them to be independent, participate in the community and engage in things of interest to them. Staff described how they support consumers to maintain relationships within and outside the service. Care plans identified the activities and people who are important to consumers.

Consumers and their representatives provided feedback that where services and supports for care is shared, information about the consumer’s condition, needs and preferences are effectively communicated within and between organisations. Staff interviewed said they are kept informed of any changes in consumers’ lifestyle arrangements, including their emotional wellbeing, through handover meetings. The service demonstrated it refers consumers to appropriate individuals, organisations, or providers to meet their changing services or support needs.

Most consumers and representatives said the quality and quantity of the food is good and the service accommodates consumers’ individual needs and preferences. Consumer dietary needs and preferences are updated in accordance with any changes to a consumer’s needs and communicated to the catering staff.

Consumers, management and staff interviewed reported that equipment used to support consumers’ lifestyle is safe and well maintained. Equipment used by consumers such as lifters and items used in activities are cleaned after each use. The service has processes in place for the reporting and resolution of maintenance issues and the completion of regular maintenance tasks.

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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers spoke positively about the environment saying they are able to move freely within the service environment and it was clean and well maintained.

The service was welcoming with a mixture of communal areas and quiet outdoor spaces. Consumers were seen to be engaging with each other and their visitors, and consumers were observed sitting inside and outside at various areas at the service enjoying quiet time and engaged in activities with staff and other consumers. The Assessment Team observed some wayfinding for consumers in the corridor’s, signs for dining/toilet and personal items box located outside consumers’ rooms.

The service environment was observed by the Assessment Team to be generally clean most of the time, comfortable and well-maintained. Consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. Consumers were observed moving freely, both indoors and outdoors. Cleaning staff described the cleaning schedule in place for consumer rooms and communal areas.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and maintained. This includes cleaning and maintenance schedules. Consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were observed by the Assessment Team to be generally clean, maintained and used safely.

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

Overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers and/or representatives said they were aware of how to provide feedback or make a complaint either directly to staff and management or through official complaint processes. Staff described how they assist consumers to provide feedback or make a complaint. Brochures about feedback and complaints processes and complaint forms are easily available throughout the service.

Overall consumers are aware of advocacy and language services. The service has various documentation on advocacy services, language services and other methods for raising and resolving complaints in common areas for consumers to access.

Consumers are generally satisfied with the response from management when they had raised a complaint. Staff interviewed were aware of the service’s open disclosure procedure and how it is relevant to complaints. The service has an open disclosure policy and a review of the complaints register noted investigations were made when issues were raised, and actions taken relative to the service’s policy and procedures for actioning complaints.

Consumers and their representatives said that when they have provided feedback or made a complaint, the service has used this information to make improvements to the quality of care and services. The service’s plan for continuous improvement demonstrates initiatives are prompted by consumer feedback or complaints and used 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.*

### 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

Overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers considered that the level of staffing did not impact on their care and although staff were “always busy”, they were still able to deliver care and services in accordance with their needs and preferences. Some staff interviewed considered there were not always enough staff or that the service could do with some extra staff, however this has not had a direct impact on care and services delivered to consumers.

Consumers and representatives interviewed, and observations showed staff are kind, caring and respectful to consumers. Consumers said they feel confident that staff are sufficiently skilled to meet their care needs. The service has documented core competencies for each role, position descriptions, and an onboarding process to ensure all staff have the relevant qualification and skills to effectively perform their roles.

Consumers did not consider there were any areas that they thought staff needed more training in. Staff undertake mandatory role-specific training and additional training as and when required. Management described how training needs for staff are identified, including through consumer feedback and training calendars are developed and supported by nurse educators.

The service has a system in place to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, including performance appraisals and performance management.

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 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 considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Management provided examples of the organisation’s strategies to engage consumers and representatives by having regular residents and relative meetings, resident of the day meetings, case conferencing and feedback through consumer surveys and focus groups.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. Governance structures are in place to monitor and improve the services performance against the Quality Standards. The Board has endorsed improvements to the service, including introducing the role of care coach to monitor staff performance and introduction of an onsite pharmacist.

The service has effective governance systems in place, including for information management and feedback and complaints. Opportunities for continuous improvement are identified through a number of mechanisms, documented in a continuous improvement plan and actioned. Financial governance systems such as budgets and expenditure are suitably addressed. The service demonstrated effective systems for workforce governance and planning. Regulatory compliance is addressed through regular staff communication, staff meetings, education, and training.

The service has documented risk management framework, which includes 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 demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting incidents and managing risks. Where deficits have been identified in the management of high impact high prevalent risks, they have been considered in Standard 3 Requirement (3)(b).

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure. Staff have received training on the policies and provided examples of how they are applied.

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.