Uniting Banks Lodge Peakhurst

Performance Report

93 Baumans Road   
Peakhurst NSW 2210  
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**Commission ID:** 0232

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

**Site Audit date:** 5 April 2022 to 7 April 2022

**Date of Performance Report:** 6 June 2022

# Performance report prepared by

Meritt Nassif, 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 13 May 2022.

# 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 interviewed said staff are kind, treat consumers with dignity and respect and make them feel valued as an individuals. Staff interviewed demonstrated respect and an understanding of consumers’ identity, culture, and own individual values. The Assessment Team observed most consumers treated with dignity and respect however raised with management that they observed one staff member not call a consumer by their correct name and was corrected by the consumer. Management advised they would address this through toolbox education. This appears to be an isolated event as the Site Audit report does not provide evidence of other instances of similar treatment of consumers.

The service demonstrated that care and services are culturally safe. Consumers interviewed from culturally diverse backgrounds said that their culture was respected. Staff were able to describe cultural, religious, and personal preferences for consumers and what matters most to them and this was reflected and consistent with care planning documents.

Consumers said, and representatives agreed, that they are supported to exercise choice and independence regarding how their care and services are delivered, and to maintain connections and relationships. Staff were able to describe the various ways they support consumers to exercise choice on a day-to-day basis. Meeting minutes reviewed by the Assessment Team show that consumers are given the opportunity to participate in decision making and are able to exercise choice and maintain independence.

Review of care planning documents demonstrates that the service undertakes appropriate risk assessments. Consumers said they are supported to take risks to enable them to live the best life they can. Staff were able to outline the process for assessing risks in consultations with consumers and/ or their representative. Staff demonstrated a good understanding of consumer’s who partake in risk activities.

Consumers said, and representatives agreed, that they are provided with information to assist them in making choices about their care and lifestyle, including current events occurring inside and outside the service, meal selections, daily activities, and access to health professionals. Staff demonstrated how various information, including activities and menus, are communicated with consumers and these were observed to be displayed around the service.

Interviews with consumers and representatives demonstrates that the service respects consumer’s privacy and personal information is kept confidential. Staff were able to describe the practical ways they respect the personal privacy of consumers and this was consistent with observations made by the Assessment Team.

## 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.

Review of care planning documents demonstrated the service assess and plan, including consideration of risks to consumer’s health and well-being, to inform the delivery of safe and effective care and services. This was reflected in feedback from consumers and representatives. Staff outlined the assessment and planning process for consumers upon entry to the service and when changes occur. The service has policies and procedures to guide staff practice in relation to assessment and planning.

The Assessment Team reviewed care planning documents and found they reflected consumer’s current needs, goals and preferences, including approach to palliative care. Consumers and representatives confirmed that end of life planning and advanced care directives are discussed during case conferences which was consistent with staff interviews.

Consumers said they and the people important to them are involved in assessment and planning on an ongoing basis. Review of care planning documents demonstrates assessment and planning is completed in consultation with consumers or representatives of the consumers choosing. Staff described how the assessment and planning process involves consumers, representatives and other health professionals.

Consumers and representatives said staff explain relevant information about consumer’s care and they can have access to care planning documents. Review of care planning documents demonstrated that assessment and planning outcomes are communicated to consumers and/ or their representative.

Care planning documents evidence review of care and services every three months or when consumer needs or circumstances change. Staff said changes or concerns regarding consumer’s health are communicated to representatives and referred to the medical officers or specialised health professionals if required.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team recommended that the service was not met in relation to Requirements 3(3)(d). However, my finding differs from the recommendation and I find this Requirement compliant. Reasons for the finding is detailed in the relevant Requirement below.

Consumers said, and representatives agreed, that consumers receive personal and clinical care that is safe and right for them. Care planning documents show personal and clinical care that is best practice, tailored to consumer needs and optimises their health and well-being. Staff demonstrated an understanding of consumer’s clinical and personal care needs in line with their care planning documents. Review of documents demonstrated that there are authorisation and consent forms in place for consumers subject to restraint.

Review of care planning documents demonstrate that the service effectively manages high impact and high prevalence risks. Management was able to identity the high impact and high prevalence risks for consumers and staff provided examples of strategies to manage risks. The Assessment Team sighted the service’s projected to prevent consumer falls, one of the services high impact/prevalence risks.

For the consumers sampled with palliative care needs, care planning documents reflects their comfort was maximised to support their wishes and meet their current needs. Staff were able to explain how to deliver end of life care to consumers in line with their needs, goals and preferences.

Care planning documents and progress notes demonstrates that information about consumer’s condition, needs and preferences is documented and communicated. Representatives were satisfied with the level of communication between staff and staff said information is communicated via handover process and access to care plans.

Staff were able to describe the process for referring consumers to other health professionals. Representatives and consumers said consumer have access to medical officers and are consulted when referrals to other health professionals are required. Care planning documents also reflect that referrals to other professionals have occurred and include outcomes of referrals.

The service has documented policies and procedures to support the minimisation of infection related risks through implementation of standard and transmission-based precautions to prevent and control infection and promote antimicrobial stewardship. Staff said they have completed infection prevention control training and demonstrated an understanding of strategies to manage and prevent urinary tract infections.

### 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.*

The Assessment Team found the service did not demonstrate that 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. Evidence relevant to the finding included:

* Clinical staff and the medical officer did not recognise or respond to a fracture in a timely manner as a result of a fall experienced by a consumer.
* A urinary tract infection was not recognised or managed in a timely manner for another consumer.

The Approved Provider’s responses provided additional evidence and information in support of this Requirement to be Compliant. Evidence in the response included explanation and supporting documentation that demonstrated that the service had identified changes in a consumer’s mental or physical health and was responded to in a timely manner.

In relation to the consumer who had a fracture as a result of a fall, the Approved Provider’s response demonstrated that the service had taken appropriate action to review the consumer post fall and made appropriate requests for review by a medical officer and referrals for tests to be undertaken when the consumer complained of pain.

For the consumer who had a urinary tract infection, the Approved Provider’s response demonstrates that regular monitoring of pain was conducted and pathology tests were requested on 26 March 2022. Results of the pathology test was received on 27 March 2022 and the service commenced the consumer on antibiotics, in consultation with the consumer’s representative, on 28 March 2022. The Approved Provider’s response also provides that the consumer’s representative was contacted by the service on 29 March 2022 after staff had observed the consumer to be lethargic with low oral intake. The consumer’s representative requested the service transfer the consumer to hospital. The consumer was transferred by Ambulance to hospital on 29 March 2022.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

Consumers considered that they get the services and supports for daily living that supports their lifestyle needs and staff assist them to engage in additional independent activities of interest to them. Consumers said the service regularly seeks feedback in relation to consumer preferences and activities offered via the monthly consumer/representative meetings and during activities. This information is used to develop future activity calendars and events. The Assessment Team observed consumers engaging in a variety of group and independent activities.

Care planning documents include information on how to support consumer’s emotional and spiritual or psychological well-being and how staff can support them. Feedback from consumers reflect that they are support in this area. Staff said they know consumers well and what is usual for them. If a consumer is feeling unwell or agitated, staff said they can usually know why this is the case and arrange any necessary clinical, psychological or pastoral support and provide general support by being alert to their emotional state and suggesting and assisting with activities they enjoy and general actions to calm them.

Staff could demonstrate how consumers participated in various activities both within and outside the organisation’s service environment and how programs support their social and personal relationships. Consumers were able to describe the ways in which they are supported to do things within and outside the service and how they keep in touch with people important to them. Care planning documents corroborated information provided by consumers.

Staff were able to describe a variety of ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care staff said they are made aware of any changes to a consumer’s needs through a formal shift handover process and Registered Nurses update consumer’s respective care plans. The Assessment Team observed shift handover notes and confirmed staff are advised of any relevant information related to services and supports.

Appropriate supports including referrals and access to volunteers and religious groups are provided to consumers in line with their needs. Staff demonstrated how they have worked within COVID-19 restrictions to reintroduce external bus trips to various locations for consumers.

Consumers expressed satisfaction with the variety, quality and quantity of food currently being provided to them at the service. Care planning documents captured consumer’s dietary preferences and requirements and catering staff were aware of these.

The Assessment Team observed equipment which supported consumers to engage in lifestyle activities to be suitable, clean and well maintained. Consumers confirmed this to be the case and staff were able to describe the process for reporting faulty equipment. Staff also said that maintenance requests are responded to in a timely manner.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Consumers considered that they feel at home at the service and find it an enjoyable place to live. The Assessment Team observed the service environment to be welcoming, with environments that reflect dementia enabling principles of design and safe freedom of movement both indoors and outdoors.

Consumers sampled said the service is clean and well maintained and they can move freely indoors and outdoors. Consumers were observed mobilising in the outdoor areas with the assistance of mobility devices, and staff were observed moving care equipment throughout the service, without impacting movement of others in the corridors. The Assessment Team observed all areas of the service to be safe, clean, well serviced, and maintained at a comfortable temperature.

The service has a scheduled cleaning and maintenance program to ensure the environment and equipment is clean and well maintained. Equipment including safety equipment is maintained and serviced. The Assessment Team reviewed maintenance documentation which evidenced regular maintenance of the service environment. Consumers advised they feel that furniture, fittings and equipment are safe, clean, well maintained and suitable for them.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Consumers considered that they are encouraged and supported to give feedback and make complaints. Staff said consumers and representatives are encouraged to provide feedback via consumer meetings, feedback forms available throughout the service and information regarding internal and external complaints mechanisms are discussed with the consumers and representatives on entry to the service.

Most consumers and representatives were able to explain the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services. Staff demonstrated a shared understanding of internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers/representatives.

Consumers said the service promptly address and resolve their concerns after making a complaint. The service has policy and procedures in place to inform and guide staff on complaint management processes and staff interviewed said that they have received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure.

The Assessment Team found the service had comprehensive documentation which demonstrated that consumer and representative complaints and feedback are captured, assessed and recorded. Management was able to describe areas of complaints made by consumers and representatives and what had been done in response to improve the quality of care and services. Consumers and representatives were able to describe the changes implemented at the service as a result of feedback and complaints, and said they are confident that these are used to improve the quality of care and services.

## 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.

Staff said, and consumers agreed, that there are enough staff at the service and since the transition to the household model they felt staff have more time to spend with the consumers and did not feel rushed. Review of call bell response times showed that consumers wait for a maximum of 10 minutes.

The service demonstrated interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Feedback from consumers reflected that staff are kind, caring and respectful and this was corroborated with observations made by the Assessment Team.

The service has position descriptions which outline the qualifications, registrations, knowledge, skills and abilities required for each staff member's role and responsibilities. New staff complete an orientation, induction and educational competencies appropriate for the role they perform. Consumers considered that staff are sufficiently skilled and have the knowledge required to perform their roles.

The service monitors mandatory training via their learning platform and staff receive reminders when pending courses are due and when completed. Consumers did not identify areas for staff training. Interviews with staff demonstrated that staff had attended training and were aware of their responsibilities in areas such as incident management.

Staff said they have performance appraisals annually and management confirmed they conduct performance reviews every year and three monthly for new staff members.

## 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 representatives sampled said the service is well run and there is collaboration and partnership. Consumers interviewed said that they can choose to be involved in the development and evaluation of changes to the service and the care and services that they receive, such as through their participation in community circles, resident representative meetings, food focus groups, consumer experience surveys, and by utilising complaints and feedback mechanisms. Consumers said that they are encouraged to make suggestions to enable the service to support them to live the best life that they can on a daily basis.

Management described ways in which the governing body promotes a culture of safe, inclusive and quality care, for example, through a clinical governance committee to discuss and analyse clinical data. The service was able to demonstrate how the legislative changes are discussed from the board to the service.

The service demonstrated that they have organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service demonstrated an effective risk management system and practice and clinical governance framework. Staff were aware of these and provided examples of their knowledge and how these systems are relevant to their day-to-day role.

## 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.