Uniting Bowden Brae Normanhurst

Performance Report

1-7 Frith Avenue
NORMANHURST NSW 2076
Phone number: 02 9487 1799

**Commission ID:** 2615

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

**Site Audit date:** 19 April 2022 to 22 April 2022

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

# Performance report prepared by

Gill Jones, 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.
* 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 and representatives confirmed their identity, culture and diversity were valued and celebrated and this was reflected in organisation’s documentation, lifestyle activities and consumer files. The Assessment Team observed all staff interactions with consumers to demonstrate dignity and respect.

Documentation reviewed, including consumer files, organisational policies and procedures demonstrated care and services provided to consumers are culturally safe. This was supported through observations of service delivery and confirmed by consumers and representatives during interviews. Staff interviewed demonstrated an understanding of cultural safety and could describe how this influences the delivery of care.

Consumers confirmed they are encouraged to maintain their independence and live the life they choose and said they had been supported to make decisions about their care, who is involved and maintain relationships of choice. The Assessment Team observed staff to promote choice and independence when interacting with consumers and sighted evidence of consumers being consulted and involved in making and communicating decisions regarding care and service delivery.

Regarding supporting consumers to take risks, the service demonstrated consumers were engaged in risk taking activities as per their wishes, such as leaving the service and had the necessary risk assessments and supports in place. Consumers interviewed confirmed they felt supported to live the best life they can and did not feel restricted in any way. Staff interviewed demonstrated knowledge of the service’s policy and procedures in relation to dignity of risk.

Documentation reviewed and observations by the Assessment Team demonstrated information provided to consumers was current, accurate and timely. Consumers stated communication was clear, easy to understand, and enabled choice.

Consumers said staff maintain their privacy when providing care. Staff were observed knocking and seeking consent prior to entering a consumer’s room and closing doors when providing personal care. The service has processes to maintain confidentiality of consumers’ personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The service demonstrated assessment and planning, including the consideration of risk to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The service utilises a variety of validated assessment tools to identify actual and potential risk to the consumers’ health and well-being. Staff could describe the assessment process and how this influences the provision of care and consumers and representatives confirmed they are informed and involved in the assessment and planning process.

The service demonstrated assessment and planning is completed and identifies consumer’s wishes and goals in relation to advance care planning and end of life planning. Consumers interviewed confirmed palliative care and end of life wishes are discussed when entering the service and through reviews of the care plan.

Assessment and planning is completed by staff in partnership with consumers and representatives. Clinical staff stated they contact representatives and invite them to family case conferences or contact them by email or telephone to discuss consumers’ care and service needs. Consumers are provided information on entry regarding family involvement and who they would like to involve in the assessment and reassessment processes. Care documentation reflects involvement of health professionals and providers of other care and services.

Consumers and representatives confirmed they have viewed and discussed care plans with staff. Staff said they inform consumers and nominated representatives of reviews and changes to consumer assessments and care plans.

Clinical staff interviewed described incident management processes which included assessment of consumers, notification to medical officers and representatives, completion of incident reports, and referrals to allied health professionals if required. Clinical incidents were reported, collated and monitored on a weekly basis and reported to the clinical team each month.

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. Staff interviewed were able to provide examples of how they provide care and ensure services are delivered in a safe and effective manner and are tailored for each consumer. The service has policies and procedures to assist and guide staff to deliver best practice care to consumers, which optimises consumers’ health and well-being.

Consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. Consumers requiring skin integrity and pain management care receive suitable care consistent with applicable policies and directives.

Staff interviewed discussed process to identify and escalate clinical and care risks and were aware of strategies to manage consumers in line with documented care plans and service policies and procedures. The service demonstrated effective management of high impact high prevalent risks, including restrictive practices, falls, wounds, diabetes, catheter management and behaviour management.

The service demonstrated consumers’ end of life needs and preferences are monitored and provided through assessment of consumers for pain, agitation, and discomfort. Staff were able to provide examples of palliative care provided to a consumer who was receiving palliative care at the service.

Staff described how to monitor and respond to consumers’ decline and change in mental health, cognitive or physical function in an effective and timely manner, which was consistent with the review of care documentation. Clinical staff were able to provide examples of assessments and timely actions taken when consumers had unintentional weight loss, pressure injuries and falls that required medical or other allied health interventions.

Information is communicated effectively within the service and with others where responsibility is shared. Consumers have a care plan and a summary care plan to enable staff to address any concerns quickly. Staff are informed of any changes to consumers’ health, condition and needs regularly through their handover process and alerts on the service’s documentation computer system. Staff confirmed they are well informed of any changes to consumers’ health and needs daily.

Consumers said they have access to medical officers and other relevant health professionals when they need it. Care documentation showed referrals are completed to internal and external allied health professionals and specialists in a timely manner. Clinical staff described how referrals are completed and how the service communicates any changes or recommendations to staff, consumers, and representatives.

The service was able to demonstrate how they monitor infections and ensure infection control is always implemented. The service has implemented changes to their infection control strategies to include a COVID-19 infection management plan. Staff demonstrated they have a clear understanding of infection control and antimicrobial stewardship principles and are working with medical officers to promote appropriate antibiotic prescribing and use of antibiotics. Staff were observed to be following adequate infection prevention and control practices.

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

Overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The service demonstrated each consumer gets safe and effective services and supports for daily living. Services and supports for daily living meet the consumer’s needs, goals and preferences and optimises their independence, health and well-being and quality of life. Consumers and representatives interviewed provided feedback that indicated they were supported to be as independent as possible. Consumer care plans reflected consumers’ life story, interests, cultural and spiritual preferences and lifestyle activities.

Consumers indicated staff were supportive of their emotional, spiritual, and psychological well-being and confirmed staff regularly check on their wellbeing. Staff could relay occurrences of how they had supported consumers when they were unwell or upset and demonstrated familiarity with consumers emotional, spiritual, and psychological needs and preferences.

Consumers said they are assisted with daily living activities and the service supports them in maintaining social and personal relationships, to do things of interest and participate within and outside the service environment. Staff interviews, documentation and observations showed consumers participate in the community, have relationships, and do things of interest to them.

The service demonstrated how consumers needs and preferences are effectively communicated within the service through use of the electronic system, handover and by communication. This was corroborated through consumers and staff interviews.

The service works closely with consumers and their representatives to provide person centred care to meet all consumers’ care needs. Documentation reviewed, including progress notes and referral records, demonstrated referrals to individuals, other organisations and providers have been timely and appropriate. Staff were able to describe how they refer consumers to other providers of care and services.

Consumers and representatives were satisfied meals provided are varied and of suitable quality and quantity. The service provides specific dietary and cultural requirements meals. Consumers confirmed they can provide feedback and are provided with meal choices. Staff were able to describe how they accommodate for consumers’ needs and preferences and how they seek feedback regarding menu changes. Documentation reviewed confirmed consumers’ dietary needs and preferences, including allergies, likes and dislikes or religious food observations.

The service demonstrated the equipment provided for the care and services of the consumer is safe, suitable, cleaned and well maintained. Consumers reported satisfaction with the equipment available. Maintenance records and registers showed the service has a preventative and reactive maintenance system in place.

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 considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service was able to demonstrate it provides an environment which enables consumers to move freely within the service, interact with each other and be independent. There is sufficient space for consumers to sit or conduct activities in various communal spaces or outdoor areas.

Consumers were observed outside in the various garden and courtyard areas or sitting in the open lounge areas, chatting to others, or watching television. The garden areas were neat and tidy, with clean pathways free of debris. Rooms were observed to be personalised and consumers said it was homely.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. The service monitors the environment and equipment through scheduled maintenance, audits and feedback. Results demonstrated consumers are satisfied with the furniture, fittings and equipment.

Clinical and care staff described how they ensure the service environment, equipment and consumers’ rooms are safe and well maintained. Staff indicated they work as a team and provide consumers with suitable and safe equipment and were knowledgeable on how to raise maintenance issues or requests. Care and cleaning staff described how they ensure the service and consumers’ rooms, and equipment are cleaned, including additional COVID-19 requirements.

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.

The service demonstrated consumers and their representatives and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include via feedback forms, consumer experience surveys, communication with staff and through the care planning process. Information about how the service seeks and responds to feedback and complaints is discussed on entry and located throughout the service.

Staff described how they support consumers to raise issues and complaints, resolving issues immediately if possible, and escalating to clinical staff or management. Staff reported consumers from non-English speaking backgrounds were supported by bilingual staff, cue cards and translation services, and were aware of advocacy services, however reported having no occasion to use them. Information pamphlets in relation to language, complaints and advocacy services were located throughout the service.

The service demonstrated appropriate action is taken in response to complaints and feedback by consumers and their representatives. The organisation has a Managing and Resolving Complaints and Feedback Procedure and Open Disclosure policy which guides management and staff in identifying and resolving complaints. Complaints are recorded and resolved in a timely manner and in line with policy. Staff described how a culture of open disclosure is promoted by the service and could explain open disclosure principles.

Feedback and complaints are reviewed at both a service and organisational level to improve the quality of care and services. Consumers and their representatives reported their feedback was acknowledged and appropriate, timely action is undertaken in response to their feedback. Management reported feedback and complaints data is analysed to inform continuous improvement to the care and service provided to consumers.

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

Consumers and representatives said there is sufficient skilled and qualified staff to meet their needs. Staff reported they have sufficient time to complete their duties and can spend quality time with consumers. Documentation showed the roster is adjusted to meet consumers’ care and clinical needs and call bells are responded to in a timely manner.

Consumers and representatives confirmed staff are kind, caring and respectful and provided examples of how staff respect consumers identity, culture and diversity. Staff were knowledgeable of consumers’ likes and dislikes and care and services were delivered in line with their preferences. Staff were observed interacting with consumers in a caring and respectful manner. Staff did not appear rushed, and consumers appeared relaxed and enjoying their experiences.

Consumers interviewed said staff were knowledgeable and competent and had the skills and knowledge to do their jobs. The organisation has a human resource framework which includes policies, procedures, and role essentials to ensure staff have the skills and capabilities to undertake their work in a safe way. Processes and systems are in place in relation to recruitment, training, performance appraisal and performance management to ensure staff have up to date knowledge to effectively perform their roles.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Mandatory training and competency assessments are undertaken by staff annually which is monitored by management. Ongoing training is provided through various channels, which is managed at a service level and overseen at the regional level. Staff confirmed recruitment, induction and performance management processes are undertaken.

The service has processes in place for annual performance appraisals which staff confirmed are undertaken. Management confirmed regular monitoring and review of staff performance by means of scheduled appraisals, consumer feedback, clinical data analysis and observations and acknowledged that some ‘continuous conversations’ are overdue, and a schedule has been established to catch up.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers reported they are partners in their care, participating in care planning processes and providing information in relation to their preference for activities of daily living, food choices, clinical care, and activities. Consumers and representatives described providing feedback directly to staff, and surveys and meetings are held to keep consumers informed about care delivery, services, and relevant issues.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation reviews clinical incidents, hazards and feedback from consumers, their families/representatives, and staff on a regular basis to identify opportunities for improvement. Communication from Board meetings are relayed to consumers and staff. Improvements endorsed by the Board included the Pressure Injury Prevention Program and expansion of the integrated facility.

The service demonstrated effective organisation wide governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Meeting minutes were reviewed from consumer and staff meetings, clinical governance and board sub-committees, together with policies and procedures demonstrating an effective organisation wide governance system to support safe and inclusive practices.

The service demonstrated effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Clinical management said they have completed training on Serious Incident Reporting Scheme (SIRS) and could explain how they use this information to help identify and respond to abuse and neglect of consumers.

The organisation has a clinical governance framework that includes policies relating to minimising the use of restrictive practices, antimicrobial stewardship and open disclosure. Staff have received training on the policies and provided examples of how they are applied. The service has a range of monitoring mechanisms to oversee clinical care. Monthly and quarterly meetings are held at the service and regional level and high-level information is communicated via the Director of Ageing to the facility manager and staff.

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.