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Performance Report

75-87 Clarendon Street   
MARYBOROUGH VIC 3465  
Phone number: 03 5461 0340

**Commission ID:** 3468

**Provider name:** Maryborough District Health Service

**Site Audit date:** 14 June 2022 to 17 June 2022

**Date of Performance Report:** 26 July 2022

# Performance report prepared by

David Lee, 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 1 July 2022.

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements and reviewed their care planning documentation for alignment with their feedback. The Assessment Team tested staff understanding and application of the requirements under this Standard, examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose.

Consumers described how they exercise choice and make decisions about their care and services while being supported to maintain relationships that are important to them. Consumers and representatives confirmed changes to consumers’ care and services are communicated to them in a timely manner.

Care plans detail consumers’ cultural background, past occupations, interests, and religious beliefs. Documentation contained personalised information to reflect what was important to each consumer. Care planning and assessment documentation reflect consumers’ wishes that involve risks with relevant signed privacy, dignity and choice forms completed.

Staff described consumers in a respectful manner and could demonstrate strategies to successfully communicate with consumers with non-English speaking backgrounds.

The service facilitates regular multi-denominational religious activities, including a weekly church service via electronic media, and individual pastoral care.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered they are partners in the ongoing assessment and planning of their care and services. Consumers’ care planning documents provided evidence of ongoing comprehensive assessments, risk assessments and planning tailored to consumers’ preferences. This includes psychotropic medication use, which evidences ongoing identification, monitoring, and review.

The Assessment Team found care planning documentation reflected consumers’ risks and is updated in response to investigations, incidents or feedback. The outcome of risk assessments is available to the consumers and their representatives. These include updates to consumers’ care plans as a result of assessments undertaken for skin integrity, falls and specialised care needs. Restrictive practice consent forms are completed in consultation with the consumer, representative and relevant health professionals.

Assessment and care planning documents evidence input from consumers and their representatives and specialists. This includes, for example, medical officers, dietitians, speech pathologists, podiatrists, physiotherapists, external dementia services, geriatrician services and wound consultants.

The service completes advance care planning with consumers, which identifies the consumer’s goals of care and treatment.

The Assessment Team reviewed consumer files and found regular assessment and care planning reviews occur in the form of a bi-monthly resident of the day review. Where changes to care needs and preferences occur, timely reviews occur outside these scheduled reviews.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The service demonstrates assessment occurred in collaboration with specialists to ensure care plans for consumers are safe, effective and tailored to consumers’ individual needs. Care documentation reflects consultation with consumers and their representatives. Care planning and progress notes sampled reflected the identification and response to the deterioration of consumers’ functional capacity.

Care plans reflect consumers with challenging behaviours have non-pharmacological interventions in place before psychotropic medications are administered. Consumers requiring psychotropic medications are identified, assessed, monitored and reviewed, in-line with best practice and legislative requirements.

The Assessment Team found care documentation demonstrates collaboration with specialist services such as dementia services and allied health professionals. The service has access to a nurse practitioner and a district nursing service that provides wound consultations.

Complex wounds are managed by local specialised services such as the high-risk foot clinic. Pain management occurs when new pain interventions are required with appropriate referrals to medical practitioners and physiotherapists. Care documentation reflects the needs and wishes of consumers nearing the end of life which includes transfers to the hospital.

The service identifies consumers who may experience high impact risks such as behaviours and falls. Falls Risk Assessment Tool (FRAT) is completed on entry, reviewed during the resident of the day-care plan review and updated as consumers’ needs change following a fall or after hospital admission. The service tracks consumers’ weight and are referred to a dietitian if consumers have progressive weight loss.

The service has infection control practices to reduce the risk of infection transmission. This includes staff education and training on infection prevention and control. A framework for infection prevention and control guides staff practices in relation to required infection prevention, outbreak management and antimicrobial stewardship 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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered that they get the services and support for daily living that are important for their health and well-being. Consumers confirmed they are supported to do things that are important to them which optimise their quality of life. Consumers have access to group activities within the service and in the wider community such as external music exhibitions. Consumers described how the service supports them to maintain relationships that are of importance to them.

Consumers and representatives described how the service supports and promotes consumers’ emotional, spiritual, and psychological wellbeing. Staff described the process of identifying consumers who are feeling low, and the strategies they employ to assist. Care planning documents contain information regarding consumers’ emotional, spiritual, and psychological needs and preferences such as pastoral care.

Staff were able to explain the relationships and activities that are of importance to consumers. This includes, for example, care plan notes on how the service supports consumers’ to maintain contact with relatives.

Most consumers and their representatives confirmed consumers’ conditions, needs and preferences are communicated within the service and with other organisations such as physiotherapists and medical officers.

The Assessment Team reviewed care plans and found consumers have access to a range of other organisations and providers, and that referrals are made when needed such as disability networks, social workers, exercise physiology and occupational therapists.

The Assessment Team found feedback regarding meals at the service was mixed. Some consumers sampled expressed continuing dissatisfaction with the food. The Assessment Team found through staff interviews, review of care plans and other documents, the service implemented a range of strategies to ensure meals met the needs and preferences of consumers.

The Assessment Team observed equipment used to provide lifestyle services, including assisted bowling equipment, appliances such as sewing machines and televisions, and a large whiteboard to be clean, appropriate, and reasonably maintained.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

The Assessment Team observed the service to be well maintained. Consumers and representatives reported that the environment is comfortable and clean. Cleaning and maintenance consisted of proactive and reactive systems to ensure the service is safe, clean and well maintained.

The Assessment Team found the service to be welcoming and offered comfortably furnished communal spaces that optimise consumer engagement and interaction. The service was observed to be clean and uncluttered. Signage throughout the service provided appropriate directions for consumers and visitors.

Consumers described the furniture, fittings and equipment at the service to be well maintained. All staff and consumers said maintenance staff were prompt and responsive to their requests.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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

Overall, consumers and representatives were satisfied with the service’s process to resolve complaints. Staff described how they support consumers to raise concerns about their care and services. Staff are aware of the processes for contacting external translating services if it is required by consumers.

Management and staff described how they leverage open disclosure principles when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary.

The Assessment Team reviewed recent complaints information and found the service has pro-active systems to address complaints and leverages consumer feedback to improve care and service delivery.

The Assessment Team found the service has advocacy and language service information available on the service’s communal noticeboard. Pamphlets for several advocacy services and a recent advocacy newsletter were also available in the main foyer.

Feedback from consumers and representatives indicated the service reviews their feedback and complaints to improve the quality of care and services. Feedback and complaints documentation reviewed by the Assessment Team identified appropriate action was taken to resolve complaints, and that systemic improvements were being made to the service as a result.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and their representatives were satisfied with the number and mix of staff at the service.

Consumers and their representatives expressed satisfaction that staff had the knowledge and skills to meet their care needs. The service demonstrated the workforce was competent and all staff have the qualifications and skills to effectively perform their roles.

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services.

Staff interviewed confirmed completing annual mandatory manual handling training, personal protective equipment (PPE) use and hand hygiene competency modules. Staff described how additional training could be requested directly with management, via feedback forms, or during performance appraisals.

Management demonstrated that the service adheres to legislated nursing ratios for Victorian aged care homes as a minimum and internal auditing is regularly conducted to ensure this ratio is met.

Management described the organisation’s recruitment and selection process, position descriptions and review of qualifications to ensure staff are competent and capable for the position for which they are recruited.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes day-to-day monitoring and the documenting of performance appraisals. All staff confirmed that appraisals of their performance are regularly undertaken.

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.*

# A picture containing text, invertebrate, hydrozoan Description automatically generatedSTANDARD 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is safe, well run and that they can partner in improving the delivery of care and services.

Consumers and their representatives are involved in the development, delivery and evaluation of care and services. Management actively seeks input from consumers and their representatives and acts on feedback provided.

The Assessment Team provided evidence that management seeks input from consumers and their representatives through participation in ‘resident meetings’, surveys and individual conversations. The service maintains a continuous improvement register to record and action improvement ideas.

The service has governance systems in place. The board regularly monitors and reviews reporting and analysis of data related to the consumer experience. The board has established processes in place to satisfy itself that appropriate care is being provided in accordance with the Aged Care Quality Standards.

Critical incidents at the service are investigated by management and the service’s Quality Team to identify underlying procedural issues or gaps in staff knowledge. This information is collated and reported to the Board through various sub-committees to identify changes to policies and procedures and where staff training may be required.

The service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records, clinical risks and feedback amongst others to identify and analyse trends. Where incident trends and gaps in staff practices are identified these items are included in the continuous improvement plan for action. The service continually monitors risks such as falls, consumer wellbeing, pressure area care and infections.

The organisation’s risk management framework ensures risks are reported, escalated and reviewed by management at the service level and by the organisation’s executive management.

The Service has a governance framework that includes clinical care. The Assessment Team found there are processes in place to manage antimicrobial stewardship, minimise the use of restraint and manage open disclosure.

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.