Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | AdventCare Whitehorse |
| **RACS ID:** | 3044 |
| **Name of approved provider:** | Seventh-day Adventist Aged Care (Victoria) Ltd |
| **Address details:** | 163-165 Central Road NUNAWADING VIC 3131 |
| **Date of site audit:** | 11 November 2019 to 13 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 11 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 08 February 2020 to 08 February 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 14 February 2020 | |
| **Revised plan for continuous improvement due:** | By 3 January 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of AdventCare Whitehorse (the Service) conducted from 11 November 2019 to 13 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Care worker | 1 |
| Consumers | 28 |
| Representatives | 10 |
| Care staff | 6 |
| Registered nurse | 2 |
| Laundry staff | 1 |
| Quality manager | 1 |
| Clinical care coordinator | 1 |
| Cleaning staff | 1 |
| Catering management | 3 |
| Chaplain | 1 |
| Maintenance officer | 1 |
| Activities Officer | 1 |
| Chief executive officer | 1 |
| Facility manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team recommend that the organisation has met all six requirements in relation to Standard 1 Consumer dignity and choice.

Of consumers and representatives randomly interviewed, 87% said they are treated with respect, 73% said they have a say in their daily activities and are encouraged to do as much as possible for themselves always or most of the time. Sixty per cent of consumers and representatives interviewed said staff explain things to consumers always or most of the time. Consumers described the ways their social connections are supported in the internal and external community. Consumers said they generally feel heard when they tell staff what matters to them and they are encouraged to make decisions about their life, even when it involves an element of risk. Consumers described in various ways how they are supported to live the lives they choose to live. Consumers said the organisation protects the privacy and confidentiality of their information and they are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.

The organisation demonstrated consumers are treated with dignity and respect and the service actively promotes a culture of inclusion. Staff were observed interacting with consumers respectfully and they could readily identify or provide information on consumers’ individual preferences and interests. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers and in delivery of care that is tailored to the person. Staff could provide meaningful examples of how they help consumers make choices. This includes giving consumers clear and accurate information and options to inform their choice. Staff gave examples of how they maintain the privacy of consumers. Electronic and filing systems support the protection of confidential information.

The organisation monitors and reviews its performance in relation to these requirements. Regular meetings for both consumers and representatives, consumer surveys and feedback and complaints mechanisms are used to ensure consumers are satisfied with care and service provision.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team recommend that the organisation has met three of the five requirements in relation to Standard 2 Ongoing assessment and planning with consumers.

Of consumers and representatives randomly interviewed, 73% said they have choice in their daily activities most of the time or always.

Initial care planning and assessment occurs in consultation with each consumer and representative. However, the service did not adequately demonstrate that ongoing assessment, planning and review is based on partnership with the consumer and others that the consumer wishes to involve. Of 13 consumers and representatives asked about care planning, nine consumers and representatives said they are not involved in assessment and planning on an ongoing basis. Consumers generally did not know they had a plan, or they have not seen a plan and cannot describe how care planning helps them meet their goals.

The organisation showed care plans are accessible to staff however, they did not adequately demonstrate that they communicate the outcomes of assessment and care planning to the consumer. The organisation does not support consumers to understand their care plans and make care and services plans readily available to consumers. When asked whether they have seen and have access to the consumer’s care plan, 13 of 14 consumers and representatives said in different ways they have not seen or been supported to understand the consumer’s care plan and did not know they could access care plans. Of these consumers and representatives, 12 said they would like to see the consumer’s care plan and one said repeated requests for a copy had recently been denied.

Staff described how medical practitioners and other health professionals work collaboratively with the service to meet consumers’ health needs. The development of an initial care plan for consumers entering the service provides guidance for consumers’ needs and preferences until a schedule of assessments are completed. Monitoring and review is ongoing and occurs regularly and when care needs change. Documentation reviewed showed plans, including advance care plans, had been regularly reviewed with changes made as needed. Staff demonstrated an understanding of adverse incidents or near-miss events with these documented and reviewed by the service to inform continuous improvement.

The organisation monitors and reviews its performance in relation to these requirements. The assessment and care evaluation process is monitored to ensure care plans are developed on entry to the service, risk assessments inform care planning and that directive for care are updated as required. The monitoring process is informed by mechanisms such as audits, meetings and feedback.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Not Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team recommend that the organisation has met all seven of the requirements in relation to Standard 3 Personal care and clinical care.

Of consumers and representatives randomly interviewed, 73% said they feel safe and 80% said get the care they need always or most of the time. A total of 73% of consumers and representatives interviewed said they are encouraged to do as much as possible for themselves always or most of the time. Consumers reported feeling safe and confident they are receiving quality care and that care is reviewed when changes occur. Consumers living with high impact or high prevalence risks described strategies implemented and staff support provided. Consumers spoke positively about end of life discussions expressing confidence in staff awareness and their following of end of life wishes. Referrals to a range of allied health professionals were described with benefits reported from regular access to physiotherapy. Consumers spoke about the prescription of antibiotics when they have infections.

Staff described how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation as appropriate. Staff identified the highest prevalence risks for different groups of consumers and demonstrated knowledge in the management of risk. Staff described ways they would identify consumer deterioration and actions they would take. While currently no consumer is receiving palliative care, staff expressed satisfaction with palliative care resources available. Staff demonstrated their understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Documentation for consumers living with identified high risks indicate these are managed and include the documentation of the risk and interventions required or implemented.

The organisation demonstrated they have access to a suite of policies and procedures underpinning the delivery of care. They review practice and policies to ensure they remain fit-for-purpose. The organisation monitors and reviews its performance in relation to these requirements.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission-based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

**Summary of Assessment of Standard 4:**

The Assessment Team recommends that the organisation has met all seven of the requirements in relation to Standard 4 Services and support for daily living.

Of consumers and representatives randomly interviewed, 73% said they have a say in their daily activities, feel safe and are always encouraged to do as much as they can for themselves always or most of the time. Sixty percent of consumers identified staff explain things to them always or most of the time. Seventy-three percent of consumers said they like the food always or most of the time. Where a consumer said they like the food some of the time, feedback included too many vegetarian meals, not liking the way meals are prepared and not enough variety. Most consumers enjoy the social interactions and ambiance of eating in the dining areas but said they are welcome to eat their meals in their rooms if they prefer. Consumers described in various ways how they participate in the community and are supported to do activities of interest and importance to them. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including ensuring access to chaplains and arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. The availability of multi-purpose spaces enhances consumers enjoyment of a range of activities. The organisation’s chef provides meals of a suitable quality, variety and quantity with consumer preferences documented. The documentation of dietary information including allergies and intolerances is consistent. A range of safe, suitable, clean and well-maintained equipment is available.

The organisation monitors and reviews its performance in relation to these requirements. A range of consumer meetings, surveys, audits and feedback mechanisms inform the program. Monitoring of improvements occurs with further improvements planned.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team recommends the organisation has met the three requirements under Standard 5. Organisation’s service environment.

Of consumers and representatives randomly interviewed, 67% said they feel at home always or most of the time. Thirteen percent said they feel at home some of the time, as the service is not the home they identify with. Seventy-three percent of consumers said that they felt safe at the service always or most of the time. The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is clean and well maintained. The layout of the service enabled consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens and paths with handrails that enabled free movement around the area.

Consumers reported that the service was well maintained and at a comfortable temperature. They have access to a range of equipment and furnishings and felt safe using them. The service regularly sought feedback about how the service environment could be improved and made more welcoming. The dining room and other areas provides opportunities for social contact and activities for small group or at times of celebration. These areas also provide for comfort and privacy when consumers meet with family.

Management confirmed that environmental audits are conducted to assess potential risk areas and instigate improvements. The service environment is discussed at meetings and where any emerging risk or environment issues are discussed along with consumer feedback on the service environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team recommends the organisation has met the four requirements under Standard 6 Feedback and Complaints.

Of consumers and representatives randomly sampled, 73% said that staff follow up when they raise things with them most of the time or always. Consumers reported they are supported and encouraged to give feedback and make complaints and generally appropriate actions are taken.

Stakeholders are encouraged to attend meetings to provide feedback and have access to feedback forms in multiple areas throughout the service and a secure lodgement box at reception. Feedback forms outline timeframes for acknowledgement and response to feedback, other methods for raising and resolving complaints and advocacy information. Information is accessible in a range of languages. Staff described how they would support consumers to provide feedback and or make a complaint. The service practices open disclosure for when things go wrong and management showed examples of ways they respond to feedback and complaints.

The service demonstrated how it uses feedback and complaints to improve the quality and care of services.

#### Requirements:

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team recommends the service has met the five requirements under Standard 7.Human resources.

The service demonstrated they ensure the numbers and mix of the staff is planned, managed and reviewed to enable safe and quality care and services.

Of consumers randomly interviewed, 80% said they get the care they need most of the time or always. Additionally, 93% of consumers said staff are kind and caring and 73% of staff know what they are doing most of the time or always. The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this means to them including in relation to events of cultural and social significance, specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver quality outcomes for consumers. New staff are satisfied with the induction/orientation process and the support provided.

The service demonstrated they monitor staff qualifications and ensure through staff selection and extensive education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles.

The organisation demonstrates that regular and ongoing assessment, monitoring and review of the performance of each member of the workforce is undertaken.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team recommends the organisation has met the five requirements under Standard 8.

Of consumers randomly interviewed, 73% said the service is well run most of or all the time. The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are engaged on a day to day basis. These include meetings, surveys, gatherings and one on one conversations with staff or management when requested.

The governing body meets regularly, sets expectations for the service and regularly reviews risks from the organisational and consumer perspective. Organisational wide governance systems support effective information management, the workforce, compliance with regulations and management of risk.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure