Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Albury Wodonga Health Residential Care Program |
| **RACS ID:** | 3945 |
| **Name of approved provider:** | Albury Wodonga Health |
| **Address details:** | 52 Sydney Road BEECHWORTH VIC 3747 |
| **Date of site audit:** | 01 October 2019 to 02 October 2019 |

**Summary of decision**

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| **Decision made on:** | 01 November 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:** | 06 December 2019 to 06 December 2022 | |
| **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 | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | 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 |

**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 Albury Wodonga Health Residential Care Program (the Service) conducted from 01 October 2019 to 02 October 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** |
| --- | --- |
| Consumers | 4 |
| Representatives | 11 |
| Nurse unit manager | 1 |
| Director of corporate services | 1 |
| Associate nurse unit manager | 1 |
| Endorsed enrolled nurses | 6 |
| Environmental services staff | 1 |
| Activity officer | 1 |
| Food service supervisor | 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 found the service has met the six requirements under Standard 1.

Consumer experience interviews identified that 100% of consumers and representatives agreed that staff always treat them with respect. The service uses feedback and complaints mechanisms to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social and intimate relationships are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers/representatives reported that they feel heard when they tell staff what matters to them and that they can make decisions about their life, including when it involves an element of risk.

Consumers/representatives report that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers and could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The service also demonstrated how electronic management systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### 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 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 found the organisation meets all five requirements under Standard 2.

All consumers and respective representatives interviewed confirmed consumers have a say in their daily activities.

Consumers/representatives said staff conduct assessments to identify the consumer’s preferences and care needs. Most consumers and representatives said they had been supported to participate in care planning processes. Identification of goals and preferences are a focus of the care planning process, as needs and preferences change consumer care plans are updated in collaboration with the consumer or their representative. Risks to the consumer’s health and wellbeing are identified and considered in the care planning process.

Care files viewed included documentation of consultation regarding risk associated with daily activities and how the consumer choice could be supported. Referrals to allied health and specialists occur in consultation with the consumer or their representative and according to the individual’s preferences. Consumers are supported to complete end of life planning and encouraged to discuss preferences for care with their representatives.

Staff gave examples of how they support consumer care by following directives outlined in individual consumer care plans as a means of guidance. The Assessment Team sighted evidence that consumer’s care and wellbeing is monitored and reviewed by the clinical and lifestyle team including general practitioners, allied health professionals and specialists who help with recommendations and support for the consumer. There is a regular care plan review and care consultation process which encourages and supports the engagement of the consumer and or representative.

Care and service documentation reviewed by the Assessment Team demonstrated there is regular review of care involving the consumer and or their representative. Staff demonstrated an understanding of how to recognise and report adverse events and management described ways of how this information is used to inform the service’s continuous improvement plan for better consumer outcomes.

#### 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) 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) 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 found the service has met the seven requirements under Standard 3.

Of consumers/representatives interviewed, all said consumers feel safe and that they get the care they need most of the time or always. Consumers said they are being consulted and offered choices daily regarding their care and personal needs, goals and preferences. Consumers/representatives expressed confidence in that staff know what to do to meet their personal and health care needs and if there is a change in consumer care needs. The Assessment Team were provided with examples from consumers and representatives as to how staff and management support consumer care.

The organisation demonstrated, where the care of the consumer was associated with risks management implemented processes to minimise risk.

Care files viewed included documentation of consultation regarding risk associated with daily activities and how the consumer choice could be supported. Files viewed confirm the consumer’s care and lifestyle plans consider the consumer preferences including plans for end of life or palliation. When there are changes in a consumer’s wellbeing and or health condition nursing staff liaise and consult with the consumer, their representative and their preferred general practitioner. General practitioners and nursing staff refer consumers to appropriate specialists or allied health services. The visiting psychiatrist reviews the use of psychotropic medications on a regular basis and in response to changes in behaviours of individual consumers.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions. The service is working to ensure antibiotic use is monitored appropriately. The service demonstrated processes used by the organisation to ensure care is best practice through ongoing education, performance appraisals, use of policies and procedures which are linked to best practice research.

#### 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 found the service has met the seven requirements under Standard 4.

Of consumers/representatives 90% indicated the consumer is supported and encouraged to do as much as possible for themselves, where consumers/representatives indicated this did not always occur provided further comments that the consumer was physically and cognitively dependent for all aspects of daily living. All consumers/representatives said they like the food most of the time or always. Consumers stated there is variety in the menu and other options are available. Consumers reported overall services and supports for daily living are safe and effective and meals provided are varied and of suitable quality and quantity.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them. A visiting pastoral carer attends the service regularly and was observed to provide support to consumers according to their wishes. Consumers said they are offered the opportunity go on outings regularly to places of interest to them. Staff described how they identify and provide one to one engagement for consumers who prefer individual activities.

The service demonstrated it makes timely referrals to other organisations and provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment. This was also observed by the Assessment Team.

#### 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 found that the organisation has met the three requirements under Standard 5.

Of consumers/representatives who participated in a consumer experience interview 70% feel at home at the service most of the time or always. Consumers who did not feel at home indicated this was because it was not their home. Consumers were observed to move around freely within the service and access the external living areas. Recent refurbishment work has enhanced the living environment of the service.

The service environment was observed to be welcoming with individual rooms decorated with photographs and other personal items. Representatives and staff said cleaning and laundry services are satisfactory. Maintenance requests are prioritised with timely repairs. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment.

The organisation monitors and reviews its performance in relation to these requirements. Cleaning schedules and preventative maintenance are in place and monitored by internal environmental audits. Management demonstrated how feedback and monitoring processes drive continuous improvements at the service.

#### 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 found that the organisation has met all four requirements under Standard 6.

Of consumers/representatives interviewed 100% said staff follow up when they raise things with staff most of the time or always. Representatives are aware of how they can give feedback through the use of feedback forms, family and representative meetings, surveys and direct contact with management. Consumers’ representatives said they are satisfied with management’s responsiveness to feedback and they said they are kept fully informed when things change.

Consumer/representatives’ feedback is sought through feedback forms, meetings, care reviews, surveys and verbally. Staff described times they have addressed a concern for a consumer and outlined how they would listen and resolve complaints if they could. Documentation evidence the service practice and senior staff were aware of the open disclosure framework. Feedback is recorded, collated to review if there are any trends, discussed at meetings and identify improvement opportunities.

The organisation monitors and reviews its performance in relation to these requirements. The service obtained and displayed brochures in relation to the Commission in English and other languages at the entrances to the service. Improvements are identified as a result of feedback such as the recent refurbishment work in the service to improve better lighting and the living environment of the service.

#### 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 found that the organisation has met all five requirements under Standard 7.

All consumers/representatives sampled said they receive the care they need; staff are kind and caring and that staff know what they are doing, either always or most of the time.

The organisation continuously monitors and reviews their roster to reflect current and changing consumer care needs. The organisation provide staff with an orientation and induction to the service. The education program ensures staff complete mandatory training and provides support to all staff with additional specialised education.

During the site audit the Assessment Team observed staff interactions between consumers, were respectful, kind and caring. The service seeks feedback from consumers and/or their families informally and by regular surveys that seek feedback on how well services are delivered. The organisation has recruitment processes to ensure quality and experienced staff have the qualifications, skills and knowledge to successfully complete their job.

Management monitor staff compliance with nursing registrations and police certificates. Management and staff have access to a range of education to support them in their relevant positions. Staff are required to complete a suite of online mandatory topics each year.

Management discussed processes to monitor staff performance which include observations and feedback from stakeholders. All staff are required to participate in an annual performance review. Staff spoke positively of the organisation and this was consistent with the results of the last staff survey.

#### 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 found that the organisation has met all five requirements under Standard 8.

Of consumers/representatives sampled, all said the service is well run most of the time or always. Representatives commented on staff delivering care that meets the consumers’ needs.

The organisation’s governing body is accountable for the delivery of safe and quality care and services. They engage with consumers/representatives in the delivery and evaluation for care and services through annual surveys. The organisation’s governing body promotes a culture of safe and quality care and service through policy and procedures, staff education and monitoring their workforce performance. The governance and organisational process includes regular management reports that ensure the governing body monitors performance including financial performance. A risk management framework is in place and a risk register is reviewed by the governing body on a regular basis.

The governance framework includes the ongoing monitoring of continuous improvement, regulatory compliance, complaints, high-impact or high-prevalence risks, and abuse and neglect. The Charter of aged care rights was displayed and provided in English, Croatian and Hungarian. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation effectively collects and trends relevant information to support governance.

The organisation monitors and reviews its performance in relation to these requirements through feedback, meetings and reporting mechanisms.

#### 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