Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Alstonville Adventist Aged Care Facility |
| **RACS ID:** | 0587 |
| **Name of approved provider:** | Seventh-day Adventist Aged Care (North New South Wales) Ltd |
| **Address details:**  | 77 Pearces Creek Road ALSTONVILLE NSW 2477 |
| **Date of site audit:** | 17 September 2019 to 19 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 24 October 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:** | 02 December 2019 to 02 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 Alstonville Adventist Aged Care Facility (the Service) conducted from 17 September 2019 to 19 September 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** |
| --- | --- |
| Management | 4 |
| Education | 1 |
| Hospitality | 3 |
| Care staff | 8 |
| Consumers | 13 |
| Maintenance supervisor | 1 |
| Representatives | 2 |
| Registered Staff | 2 |
| Administration | 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 that the service met all requirements under this standard.

Consumers and their representative's interviews said staff always treat consumers with respect. The service uses consumer and representative feedback, complaints mechanisms and meetings to ensure that consumers are satisfied that staff treat them with respect, 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 identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity in the wide range of activities it offers consumers and in the delivery of personalised care.

Staff could provide examples of how they help consumers make choices, including by giving consumers information and options to inform their choice. Consumers reported that they are able to make decisions about their life, even when it involves an element of risk.

Consumers and 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, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers while providing care. The service also demonstrated how consumer documentation is protected to preserve confidentiality of consumer information, consistent with 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 that the service met all requirements under this standard.

Consumers and their representatives said consumers always have a say in their daily activities. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the service seeks input from other professionals to ensure they get the right care and services to meet their needs. Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

The service’s monitoring system identified consumer’s individual advance care planning and end of life planning has not been consistently captured for all consumers currently residing in the service. The service is actively consulting with consumers and their representatives about their advance care planning and end of life needs, goals and preferences on entry to the home and on and ongoing basis. Consumers and their representatives said they are consulted when there is a change in healthcare needs and documentation indicates consumers or consumers’ representatives are consulted about individual needs, goals and preferences of the consumer. Management said the service has a process in place to ensure all consumers have the opportunity to be involved in the assessment and planning of the consumer’s individualised advance care planning and end of life plan, when they choose to do so.

Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation is quick to communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed showed plans had been regularly reviewed (with changes made) and included a date by which the next review of care and services must be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

#### 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 that the service met all requirements under this standard.

Consumers and their representatives said consumers always get the care they need and feel safe at the service. Consumers gave various examples of how staff ensured the care provided was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers in recruitment and training sessions with staff.

Staff could describe 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. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Each of the care plans reviewed indicated the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. A focus on pain relief, review of pain management strategies and close involvement of family and others was evident.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.

#### 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 that the service met all requirements under this standard.

Consumers and their representatives said consumers are always encouraged to do as much as possible for themselves. A high proportion of consumers experience interviews said consumers like the food most of the time or always. A small proportion said consumers like the food some of the time but the service is working with the consumers to identify ways in which their experience may be improved. Consumers expressed satisfaction that they are supported and enabled to life their daily life as they choose including emotional and spiritual care, activities, and access to community groups.

The service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff could give examples of how information about consumers is collected and shared and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, food and independence.

Consumers said their leisure interest, emotional, spiritual and psychological needs are met and staff could demonstrate ways this is done in a supportive manner. Staff demonstrated how consumers are supported to do things of interest to them including one to one and group activities and pastimes and outings to places of interest.

The service demonstrated how meals are provided to meet individual consumer’s needs and preferences and to ensure suitable variety, quality and quantity are provided.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvement are made where needed.

#### 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 service met all requirements under this standard.

Consumers expressed satisfaction that they are supported and enabled to move freely throughout the building including outdoor areas. Consumers say they can find their way to the various locations for activities and to socialise with other consumers and visitors.

A high proportion of consumers experience interviews said consumers feel safe and at home. A small proportion said they do not feel at home here as they did not wish to be in an aged care service of any description. Consumers expressed satisfaction that they were involved in deciding on the layout of some of the common areas and could personalise their rooms with furnishings of their choice.

The service could demonstrate how information regarding consumers’ condition, needs and preferences has been used to establish suitable furnishings and room layouts, including suitable equipment and resources to support consumers independence and comfort. The service has conducted Advisory Group meetings to gain insights into the consumers’ perspective on how to support them when they have vision or hearing impairment. For example. a larger television has been purchased for the lounge as a result of consumers’ suggestions.

Observations of the service environment showed that consumers’ rooms are personalised and staff showed respect for their personal items by gaining permission before moving items within their rooms.

The staff could give examples of how cleaning and maintenance is planned and completed. Staff demonstrated their understanding of, and access to, appropriate equipment and resources to support consumer condition, needs and preferences. Staff demonstrated how they adjust the layout of furnishings to suit the changing needs of consumers. Consumers are encouraged by staff to access different areas within the building, including the terrace gardens, chapel and areas for activities.

The service demonstrated consumers and staff are supported by equipment which is safe, suitable, clean and well maintained through staff at the service and external contractors.

Management could demonstrate they involve consumers and their representatives in discussions about the environment through meetings and individual meetings as well as gaining feedback from surveys and feedback forms. The service demonstrated they are seeking this information and initiating improvement opportunities through these mechanisms. The service completes planned audits to assist them in monitoring the environment, furnishings and equipment.

#### 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 service met all requirements under this standard.

Consumers and their representative's said they are encouraged to offer feedback through either individual meetings with management, completing feedback forms, raising complaints, completing surveys and attending meetings. A high proportion of respondents to the consumer experience interviews said that staff follow up when they raise things with them most of the time or always. A small proportion said staff follow up some of the time. The service is taking action to improve this experience for consumers.

The service uses consumer and representative feedback, complaints mechanisms and meetings to ensure that consumers are satisfied with the services provided. Consumers said that when they have raised concerns or a complaint, that management has always responded quickly to make improvements. Consumers say they are comfortable to have their say and trust that actions will be taken where needed.

The service demonstrated that consumers use the feedback mechanisms and attend meetings. Where issues have been raised, there are records of the improvement actions that have been taken. There is evidence of open disclosure of the follow up actions the service has taken.

Staff could describe how they could raise a concern and described management as being receptive to suggestions for improvement.

The service promotes the value of feedback and displays the minutes of meetings where trends in comments and complaints are discussed with consumers. Trends in staff feedback are discussed at meetings and records are accessible to them for future reference. The service monitors trends in feedback and complaints at a local and organisational level. Improvement opportunities are discussed, planned and monitored through relevant committees and are reported to senior management teams to ensure follow up and corrective actions are supported where needed.

Consumers are given information regarding external complaints and advocacy services should they wish to use them. The service also demonstrated how consumer feedback is protected to preserve confidentiality, consistent with best practice guidelines, open disclosure principles, and policies and procedures. The organisation has introduced a new position to support the service to provide advocacy for Consumers and their representatives.

#### 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 service met all requirements under this standard.

Consumers and their representatives said consumers always get the care they need and staff are always kind and caring. Consumers and their representatives gave various examples of how staff ensured the care and service they provided was timely and in line with the consumers’ needs and preferences. Consumers and their representatives considered staff know what they are doing all of the time.

Consumers have the opportunity to be involved in the recruitment of new staff. The service could show they have recruitment and induction procedures in place to ensure new staff are ‘job ready’ before they commence being rostered into roles. The service is reviewing the staffing model and has made changes to rosters and staffing numbers as an interim measure until the full review is completed. Additional staff hours have been put into hospitality, activities, registered nurses and care staff hours.

Staff could describe how they are able to discuss changing needs of consumers and recent changes in staffing hours and numbers to ensure care is delivered to meet consumer needs. Staff gave details of their opportunities for continuing education and how they are supported to maintain their knowledge and skills.

The service has an educator on site to support ongoing training and education. Attendance and competency is monitored to ensure completion of mandatory education. Performance is monitored through observations, feedback, incident reports and planned appraisals. The service monitors the currency of police checks and professional registrations.

Rosters are developed on a fortnightly basis and show there is access to suitably qualified staff when needed. The service replaces staff who are on leave and promotes a culture of consistency in the location of where staff work.

The Assessment Team observed staff show respect to consumers and visitors and demonstrated a kind and caring approach to interacting with consumers. Staff showed they understood the consumers’ needs and preferences.

The organisation demonstrated they have a suite of policies and procedures underpinning the recruitment and management of staff and volunteers.

#### 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 service met all requirements under this standard.

Consumers and their representatives considered the service is always well run. Consumers expressed satisfaction with the service’s management team and the organisation’s approach to providing care and services. Consumers and their representatives could show they have been given opportunities to give feedback into how the service is run.

The organisation has a Board of Directors and use a range of governing committees to support and monitor the service’s operation, including finances, quality of care, workforce management, continuous improvement, information management, regulatory requirements and feedback and complaints. There is a suite of policies and procedures as well as systems and processes to enable effective reporting lines and ensure comprehensive monitoring of outcomes. There is a clinical governance committee to monitor key aspects of clinical care including monitoring the National Quality Indicator data generated by the service. Directors are actively involved in the operation and monitoring of the service. There are reporting lines to support the service to sustain best practice and to meet the Aged Care Quality Standards.

The service could demonstrate they have a strategic approach to setting its priorities for service delivery. Documented strategic priorities include risk management of high impact or high prevalence risks, antimicrobial stewardship, minimising restraint and practicing open disclosure. Management could show they have an understanding of the systems and processes required for each governing committee and their responsibilities. There are records of outcomes of scheduled audits and activities conducted to ensure improvement activities are planned where needed.

Management provided records of their approach to redesigning the structure of the service by consultation with staff and consumers, analysing each position and current structure, considering the services required now and into the future to ensure optimal use of their resources. Staff, consumers and their representatives showed they have an awareness of the service redesign and say they have been involved in meetings discussing future options.

#### 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