Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Alwyndor Aged Care - City of Holdfast Bay |
| **RACS ID:** | 6931 |
| **Name of approved provider:** | City of Holdfast Bay |
| **Address details:** | 52 Dunrobin Road HOVE SA 5048 |
| **Date of site audit:** | 12 September 2019 to 17 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 11 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:** | 14 November 2019 to 14 November 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 | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not 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 01 December 2019 | |
| **Revised plan for continuous improvement due:** | By 26 October 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 Alwyndor Aged Care - City of Holdfast Bay (the Service) conducted from 12 September 2019 to 17 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 17 |
| Consumer representatives | 13 |
| Management | 4 |
| Clinical staff | 6 |
| Care staff | 9 |
| Hospitality and environmental services staff | 5 |
| Catering Manager – External contractor | 1 |
| Lifestyle staff | 1 |
| Other | 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all requirements in relation to Standard 1 were met.

One hundred % of consumers and representatives interviewed said they are treated with dignity and respect most of the time or always. The consumers and representatives described how staff do this and also provided examples of how staff value their identity, culture and diversity. Staff were observed treating consumers with dignity, respect and demonstrating an understanding of each consumer’s personal circumstances of the consumer’s cultural needs, identity and their preferences. The organisation demonstrated its support for consumers of diverse backgrounds and how it fosters relationships within and outside the facility.

Consumers and representatives interviewed confirmed services are delivered in a manner which demonstrates the service is inclusive and supports individual cultural diversity. Ninety-four % of consumers and representatives randomly surveyed confirmed consumers are encouraged to do as much as possible for themselves most of the time or always. One consumer who gave a ‘some of the time response’ did not give a reason for this response. Staff interviewed described how they provide individual care to consumers enabling the consumer to exercise choice. The organisation demonstrated that each consumer is supported to exercise choice, remain as independent as possible and take risks to enable them to live the best life they can.

The organisation provides each consumer or their representative information that is current, accurate and timely and the information is communicated clearly and in a way that enables the consumer to understand it. Ninety-four % of consumers and representatives sampled confirmed that staff explain things to them most of the time or always. One consumer who gave a ‘some of the time’ response said staff did not tell them information about incidents involving other consumers. Staff interviewed described ways they engage with consumers who are from non-English speaking backgrounds. Multi-lingual pamphlets are available to provide information to consumers and an interpreter can be arranged when required.

Consumers interviewed confirmed staff respect their privacy and personal information is kept confidential. The organisation uses an electronic system with passcodes to access consumers information. Staff were observed to knock on doors and ask prior to entering rooms, closing the door during personal care and using ‘do not disturb’ tags on doors. Confidential information was observed to be stored securely and accessed by appropriate persons. The organisation has systems to ensure consumers and their representative have access to and control of the personal information of consumers.

#### 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:

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

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:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found all five requirements in relation to Standard 2 were met.

Consumer experience interviews show that 100% of consumers agreed they always or most of the time have a say in their daily activities.

The organisation utilises a range of comprehensive assessments which are reviewed every six months to ensure they are adequately meeting consumers’ needs and preferences. These assessments are then used to formulate interim and full care plans for both permanent and respite consumers, which guides staff on each consumer’s individual preferences to enable the delivery of safe and effective care. These assessments also include consideration of any risks to the consumers’ health and wellbeing together with any strategies to minimise these risks.

Consumers and representatives provided examples about how the service provides assessment and planning to identify and address consumers’ current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wishes. Staff interviewed stated they would follow information provided in consumers’ care plans in order to provide care in line with consumers’ assessed needs. Staff also utilise the service’s ‘resident of the day’ process to focus on each resident every month to capture any additional or changes to their care needs.

The organisation demonstrated they use advanced care plans and end of life wishes to ensure consumers who wish to document their end of life measures are captured, if they choose. The organisation regularly reviews and monitors these advanced care plans and end of life wishes at each six monthly care evaluation in consultation with the consumers.

The organisation demonstrated they use both formal and informal consultation processes with consumers and/or representatives on an ongoing basis to update consumers’ care and services when the consumer’s needs or condition changes. The organisation was able to demonstrate 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.

The organisation was able to demonstrate they generally effectively monitoring and review this requirement. Consumers’ care plans are reviewed every six months, however, care plans for two consumers did not contain current information on their diabetic management. Whilst the service has policies and procedures to guide staff in assessing and planning care for consumers, policies and consumer files viewed by the Assessment Team show staff do not always follow the service’s policies for diabetic management, in line with the consumer’s needs and preferences. There is a scheduled program of audits and surveys to support the monitoring of this requirement.

#### 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:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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 Not 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:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met six of seven requirements under Standard 3. The Assessment Team found one requirement not met due to the organisation not effectively managing high risk needs of consumers in relation to weight management, diabetes management and skin integrity.

Of consumers and representative randomly sampled, 100% said they get the care they need most, or all of the time. In addition, 100% of consumers and representatives said they always feel safe most or all of the time.

Documentation and interviews show the organisation was not able to demonstrate it consistently applies, monitors and reviews its performance in relation to consumers’ weight management, diabetes management and skin integrity.

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. The organisation demonstrated that is able to provide palliative care services and support for consumers and representatives when a consumer is in the palliative phase of their life.

The organisation demonstrated that they have implemented significant improvements with staff training and monitoring of consumers to ensure they can quickly identify deterioration or change in consumer’s mental health, cognitive or physical function, capacity or condition and responded to in a timely manner.

Consumers who experienced a deterioration in their physical health and mental status was referred to specialist services for review and treatment in a timely manner. Consumers with weight loss are not always referred to a dietitian in a timely manner, and strategies used to minimise weight loss were not always documented and implemented by the service, in line with their processes.

The organisation has a scheduled program of audits and surveys to support the monitoring of this required, however, the organisation’s audits have not identified the deficits the Assessment Team identified in consumers’ weight and diabetes management.

The organisation demonstrates minimisation of infection risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff were able to give examples of how they identify and apply infection control practices. The organisation undertakes clinical governance meetings and analyses any trends (if any) in infection control practices.

#### 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:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: 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:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation demonstrated that all requirements in relation to Standard 4 were met.

Consumers and representatives interviewed said they are satisfied with the services they receive which support their independence, well-being and quality of life. elation to their physical care. Meals are prepared using fresh produced by an external catering company. Consumers said they can express any concerns at Resident meetings. While the majority of consumers said they are satisfied with the meals provided, some consumers and representatives said they are not satisfied. The service recently undertook a resident meal satisfaction survey and the outcome of the survey has been discussed individually with consumers and/or representatives and at the Food Focus Group meeting. Any concerns raised either through feedback, surveys or at meetings are considered and responded to by management. Consumers said they are satisfied with the laundry services provided by staff.

Consumers said they are encouraged to be as independent as possible and can participate in activities both within the service and outside. Consumers have a say in their day to day activities and their choices are respected by staff and management. Staff said they respect each consumer’s choice and encourage consumers to attend activities of their choosing. This includes weekly church services, concerts, bus trips, craft, exercises and quizzes. The service provided examples of the emotional, spiritual and psychological support provided to consumers, including the involvement of volunteers and one-to-one activities.

Staff said they are provided with information about changes in consumer’s care needs. This occurs through handover processes or verbal communication. Agency staff are provided with an orientation to the service’s systems and processes. Management described the processes for referring consumers to external allied health professionals and other organisations should there be a need to do so. Documentation confirmed these referrals occur.

Staff confirmed there is sufficient supplies and equipment to provide personal and clinical care. Preventative and unplanned maintenance is undertaken by either maintenance staff or external contractors to ensure all equipment is clean and safe to use.

#### 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:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

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 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:

1. 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 the organisation demonstrated that all requirements in relation to Standard 5 were met.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. The majority of the rooms are single rooms with ensuites. The service has double rooms with ensuites to provide accommodation for couples. All rooms were clean and well maintained. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and lighting. Consumers have access to clean and well-maintained outdoor areas, with communal tables and chairs.

Consumers said they are satisfied with their room and the overall environment of the service and enjoy the views from the windows which look out onto well maintained gardens and courtyard areas. Each area has a lounge area and there are quiet areas for consumers to meet with family and friends. Communal dining areas are available throughout the service. The service also has a café which is used by consumers and family members.

Cleaning of consumer’s rooms and public areas is undertaken according to a schedule. The service launders consumer clothing. Flat linen is laundered by an external contractor. Consumers said they are satisfied with both the cleaning and laundry services provided.

Preventative maintenance and unplanned maintenance ensure the service is well maintained and staff can report any maintenance issues through an electronic system. The internal and external areas of the service are maintained by maintenance and gardening staff. Staff said repairs or arrangements for repairs are organised by maintenance staff in a timely manner. Electrical items are tested and tagged annually, and fire safety is monitored by an external contractor.

#### 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:

1. is safe, clean, well maintained and comfortable; and
2. 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:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all four of the requirements in relation to this Standard.

Consumers interviewed said they are aware of feedback systems available to them and are encouraged by the service to utilise them to raise concerns and make suggestions for improvements to the services provided. One hundred percent of consumers randomly sampled said staff follow things up when they raise things with them some of the time or always. Consumers gave examples of concerns raised which had been appropriately managed by the organisation and said they have access to advocates, language services and other methods for raising and resolving complaints.

The organisation demonstrated action is taken in response to complaints received from consumers and their representatives and that an open disclosure process is used when things go wrong. Staff interviewed described what they are required to do when they receive verbal feedback or complaints from consumers or their representatives and receive training in the organisations’ complaints resolution processes.

Feedback received is reviewed, reported and analysed and the results used by the organisation to inform its continuous improvement systems and are used to improve the quality of care.

#### 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:

1. 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 the organisation demonstrated that all requirements in relation to Standard 7 were met.

Consumers and representatives interviewed said they get quality care and services from the staff, who are knowledgeable, capable and caring. One hundred percent of consumers and representatives randomly sampled said staff are kind and caring and that the consumers receive the care they need most of the time or always. Three representatives were not satisfied with the performance of agency staff as they felt they were slower and not as well trained as the organisation’s regular staff. Management are addressing individual feedback and also recruiting additional staff to reduce agency usage.

The organisation demonstrated the workforce is sufficient, skilled and qualified to provide safe, respectful and quality care and services. The organisation has effective human resource policies and procedures relating to recruitment, onboarding, education, performance review, agency staff and reviewing rosters. Staff across the organisation confirmed they have access to education, information and support, and that they have sufficient time for them to perform their roles.

Monitoring and reviewing processes ensure staff have the qualifications to perform their roles. The organisation also monitors staff performance and seeks feedback from consumer, representatives and other stakeholders about human resources; and takes appropriate action when areas for improvement are identified.

#### 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 is undertaken.

### 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:

1. 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 the organisation demonstrated that all requirements in relation to Standard 8 were met.

Consumers and representatives interviewed confirmed they participate in the improvement of delivery of care and services through different avenues. Consumers and representatives provided examples of this through complaints and feedback, input in care consultation processes, involvement in meetings and responding to the organisation seeking feedback about services. Consumers and representatives also confirmed they receive timely and appropriate communication in relation to their, or their family member’s, care and what is happening within the organisation.

The organisation demonstrated they meet regularly, and their governance systems support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints, open disclosure and clinical governance, such as antimicrobial stewardship and restraint minimisation. Organisational risk management processes are implemented across management and governance in the organisation and organisational risks are monitored, reviewed and analysed to ensure minimisation of risks. Staff interviewed confirmed they are involved in and aware of their role within the organisation and explained their understanding of these concepts.

Monitoring and review of governance processes occurs through regular meetings of management and governance committees. Data is reviewed and used to identify areas the organisation can improve on. Management demonstrated opportunities across the organisation and in relation to these quality standards result in continuous improvement activities being implemented.

#### 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 effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

Standard 8 Requirement 3(d) Met

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

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.