Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Assisi Centre Aged Care |
| **RACS ID:** | 3364 |
| **Name of approved provider:** | Assisi Centre Limited |
| **Address details:**  | 230 Rosanna Road ROSANNA VIC 3084 |
| **Date of site audit:** | 24 September 2019 to 26 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 30 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:** | 01 December 2019 to 01 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 |  Not Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Not 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 03 February 2020  |
| **Revised plan for continuous improvement due:** | By 13 November 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 Assisi Centre Aged Care (the Service) conducted from 24 September 2019 to 26 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** |
| --- | --- |
| Pastoral care coordinator | 1 |
| Rostering coordinator | 1 |
| Project manager (maintenance) | 1 |
| Environmental supervisor | 1 |
| Contractor | 1 |
| Food services assistant | 1 |
| Director of care | 1 |
| Clinical care coordinator | 1 |
| Consumers | 11 |
| Representatives | 11 |
| Human resource officer | 1 |
| Administration officer | 1 |
| Catering staff | 1 |
| Cooks | 2 |
| Personal care workers | 7 |
| Lifestyle assistants | 2 |
| Registered nurse | 1 |
| Lifestyle Coordinator | 1 |
| Chief executive officer | 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 organisation demonstrated that all requirements under Standard 1 were met.

The majority of consumers and representatives interviewed, including those who participated in the consumer experience report agreed that staff treat consumers with respect most of the time or always, while some stated some of the time. The Assessment Team observed staff interacting with care recipients in a kind and caring way.

The organisation 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 consumers’ individual preferences and interests. Consumers described the ways their social connections are supported. The service promotes the value of culture and diversity through the conduct of assessment processes, to identify consumers’ needs and preferences. The service reviews staff training needs to identify if further education is required to ensure the delivery of personalised care. The service offers a variety of activities to meet the Italian background of the majority of consumers and their diverse preferences. The service uses complaints mechanisms and conducts surveys 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 majority of consumers and representatives are satisfied that the service promotes and protects their privacy and confidentiality of information. The service ensures that should there be a perceived breach of privacy actions are taken to mitigate the breach. The service demonstrates how its electronic management processes support the protection of confidential information including consumer information. The service promotes the value of privacy and dignity through staff training and performance management processes, as required.

#### 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 organisation has met all five requirements under Standard 2.

Of consumers and representatives randomly sampled, 87% said they have a say in their daily activities most of the time or always. Consumers and representatives provided various examples of how they are able to exercise choice in decisions about their care. These examples included being able to make choices about how and when their care needs are met or when to join in activities and feeling confident that staff support their choices. Of the 13% of consumers and representatives who said they only sometimes or never have a say in daily activities, they raised concerns related to the personal preferences of the consumer not always being respected by staff, due to staff being rushed, being new, or being unable to speak the consumers’ language. Management acknowledged this feedback.

Staff could describe how consumers and other stakeholders who contribute to the consumer’s care (including medical practitioners, allied health professionals and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed. However, some staff said that the lifestyle preferences of consumers that involve an element of risk are not always fully supported.

Consumers gave examples of how they are involved in reviewing care and services including when needs or preferences change. The Assessment Team were satisfied that advance care planning and end of life planning formed part of care planning. Consumer care plans sampled by the Assessment Team demonstrated regular reviews were undertaken by qualified staff relevant to the care or services provided.

#### 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 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:

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 organisation has met six of the seven requirements under Standard 3.

The organisation demonstrated that each consumer gets effective personal and clinical care that optimises their health and wellbeing; that high impact, high prevalence risks are effectively managed; the needs, goals and preferences of consumers nearing the end of life are addresses and their comfort maximised; information about the consumer’s condition, needs and preferences is documented and communicated; referrals are timely and appropriate; and infection-related risks are minimised. However, the organisation did not demonstrate that deterioration or change of a consumer’s physical function and condition is recognised and responded to in a timely manner.

Of consumers and representatives randomly sampled, 100% said consumers get the care they need and 89% said consumers feel safe in the service. Consumers provided examples of what good and safe care means to them, including getting medications on time, help with personal care when they need it and according to their preference, having their pain managed well and responding quickly when they need help following a fall. Of the 11% who said they feel safe in the service only some of the time, comments related to agency staff not always being aware of, or responsive to, consumer needs. Consumers and representatives also described how specialist doctors visit and review medications, and their appreciation of the pastoral support provided by the service.

However, some representatives were concerned about recent changes to visiting medical practitioner services, communication of health professional recommendations, the failure to document and respond to recent changes in condition; and a transfer to hospital of a consumer due to dehydration which could have been avoided. Review of documentation confirmed that deterioration in this consumer’s health status was not recognised or responded to in a timely manner.

#### 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) Not 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 all seven requirements under Standard 4 were met.

Of consumers and representatives randomly sampled, 100% said they are encouraged to do as much as they can for themselves always or most of the time and 69% of consumers said they like the food always or most of the time. Where consumers said they liked the food only some of the time, feedback related to their personal preferences regarding Italian cooking. Consumers and representatives said they can provide feedback on meals with a range of choices offered. Consumers are satisfied with the range of equipment available and staff responsiveness to requests.

The organisation demonstrated it supports consumers to maintain relationships and connect with other people inside and outside the organisation. Staff seek advice from consumers about activities of interest to them and these are documented. Planning meetings occur with a review of consumers’ feedback to inform activity scheduling. Staff described in various ways how they assist consumers to maintain their emotional, spiritual and psychological wellbeing including arranging transport. Staff demonstrated they make timely referrals to other organisations and volunteers support the program. The organisation provides meals of a suitable quality, variety and quantity with consumer preferences documented. A range of safe, suitable, clean and well-maintained equipment is available.

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

#### 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 all three requirements under Standard 5 were met.

Of consumers and representatives randomly sampled, 73% said they feel at home at the service and described in various ways how the service is the next best thing to being in their own home. Consumers like the Italian tradition that is felt within the service and commented how this is important to their cultural heritage. Consumers said they are able to provide feedback, maintenance is responsive and although they enjoy being able to move freely around the service and enjoy the gardens, there is still opportunity to improve free access in one area of the service.

The service was observed to be welcoming. Individual rooms are decorated with memorabilia, photographs and other cultural and religious personal items. The layout of the service enables consumers to move around safely, with suitable furniture, fittings and areas for use as preferred. Signage to help consumers navigate the service is clearly displayed and includes the use of other relevant languages. Consumers had ready access to tidy outdoor areas with gardens, benches and communal tables, paths and handrails that enabled free movement around the area. Rooms are clean and well maintained. Staff use maintenance reporting processes to indicate reactive maintenance requirements. Essential service maintenance occurs as required along with an electronic management system for reporting and monitoring repairs and maintenance of fixtures, furnishings and equipment. Audits are conducted to assess potential risk areas and instigate improvements. The service seeks consumer feedback about how the service environment could be improved.

The service monitors and reviews its performance in relation to these requirements. Management has established relationships with contractors to support identified maintenance requirements in a timely manner and is responsive to feedback.

#### 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 all three of the requirements in relation to Standard 7 were met.

Of consumers and representatives randomly sampled, 80% said consumers are satisfied staff follow up when they raise things with them, whilst 20% said this occurs only some of the time. Consumers provided positive feedback about staff and management’s responsiveness to any issues raised and were aware of ways to raise a complaint. However, some consumers expressed a reluctance to complain because staff do their best. Representatives provided opportunities for improvement in relation to the occasional lack of a timely response to issues and the response of new or agency staff to concerns raised.

Information about internal and external feedback processes and advocacy services is provided to consumers and representatives at entry and information in both English and Italian is displayed in the service.

The service demonstrated in various ways that all feedback and complaints are used to improve care and service delivery, including individual follow up of all complaints by management, reports on feedback and complaints provided to management and the Board for review and discussion; and feedback and complaints trends leading to continuous improvement projects.

#### 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 demonstrated that all requirements under Standard 7 were met.

Consumers provided positive feedback about the workforce. Of consumers and representatives interviewed, including those who were randomly sampled, 100% agreed that staff know what they are doing most of the time or always; are kind and caring; and that consumers get the care they need. 71% as part of the consumer experience report responded that this place is well run always or most of the time.

The service has had a large turnover of staff and management in the last six months and this has impacted on continuity and seamless services being delivered. Management stated that new staff have now been recruited and the service would be scaling down its use of contracted agency staff.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said there was a period where they did not have sufficient time to complete their work load, however with the new recruitment and management they hope that services would be improved.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with relevant information to enable them to complete their tasks.

Management monitor staff compliance with nursing registrations and police certificates and all staff are required to participate in mid and end of probation review and annual performance appraisals. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management have access to a range of education to support them in their relevant positions. An education plan reflects current training needs. Staff said they have access to a range of education opportunities to support them in their respective roles. Staff gave examples of how they had been supported in personal development and further education.

#### 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 all five requirements under Standard 8 were met.

Of consumers and representatives randomly sampled, 87% confirmed consumers have a say in their daily activities most of the time or always, and 71% confirmed the service is well run. Consumers and representatives commented positively on the caring staff and the way many staff and management are able to communicate in Italian. Consumers and representatives said there was room for improvement in regard to staffing levels and communication about changing care needs if staff are different.

The service demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are directly engaged in improving care and service delivery for themselves and others through care reviews, complaint and feedback mechanisms, ‘resident and families’ meetings, unit meetings and experience surveys.

The service demonstrated a culture of inclusive quality care through the implementation of a new management structure to monitor quality and safety processes, the development of a clinical governance framework and direct Board oversight of clinical governance and consumer experience. Clinical risks are assessed and controls put in place to minimise their impact on consumer safety and care.

Existing processes promote antimicrobial stewardship, open disclosure and minimisation of restraint, including close monitoring of infections and antibiotic use and regular review of strategies and interventions to ensure consumers are as free as possible from physical and chemical forms of restraint. Actions are being taken to develop and implement new systems to further define and support these processes.

Organisation-wide governance systems support continuous improvement and the management of high impact, high prevalence risks. The service demonstrated how risks to consumers are assessed and managed to ensure consumer safety and choice and outcomes of incident and complaints investigations and consumer feedback contribute to improvements.

#### 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