Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Barossa Valley Nursing Home |
| **RACS ID:** | 6909 |
| **Name of approved provider:** | Barossa Village Inc |
| **Address details:** | The Residency - Atze Parade NURIOOTPA SA 5355 |
| **Date of site audit:** | 11 November 2019 to 13 November 2019 |

**Summary of decision**

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| **Decision made on:** | 23 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 24 January 2020 to 24 January 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Not 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 | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Not 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 24 February 2020 | |
| **Revised plan for continuous improvement due:** | By 07 January 2020 | |

**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 Barossa Valley Nursing Home (the Service) conducted from 11 November 2019 to 13 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 15 |
| Consumer representatives | 3 |
| Management | 3 |
| Clinical staff | 6 |
| Care staff | 4 |
| Hospitality and environmental services staff | 4 |
| Lifestyle staff | 2 |
| Other | 3 |

## 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 Not 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 the organisation meets five of the six requirements of Standard 1.

Consumers and representatives interviewed confirmed that stated that staff treat them with respect and their culture and diversity is valued. Consumers gave examples of how they are respected to exercise choice and make decisions about their care. Consumers and representatives confirmed their privacy is maintained.

Staff interviewed by the Assessment Team could describe in various ways how they provide care and services to ensure the cultural safety of consumers in the home. Staff could describe the specific cultural needs of consumers in the home.

While the organisation demonstrated that is has effective systems and processes in place to ensure that staff deliver care services in a safe and effective way, the organisation did not consider risk to one consumer who smokes to ensure this consumer is safe when they smoke independently.

The organisation demonstrated that it monitors effectiveness of consumer services through various feedback mechanisms.

#### 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) Not Met**

While the organisation demonstrates that most consumers are supported to take risks to enable them to live the best life they can, the organisation did not consider risk to one consumer who smokes to ensure this consumer is safe when they smoke independently.

##### **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 the organisation demonstrated that all requirements in relation to Standard 2 were met.

Consumers and representatives who responded to the consumer experience interview questions in relation to this standard all provided positive responses to having a say in their daily activities. Consumers confirmed they are consulted about the assessments, reassessments and care planning. While not all consumers felt they have access to their care plans, management demonstrated these are available to consumers. Consumers and representatives confirmed the consumers’ goals and preferences are included in their assessment and planning of their care and that reviews of the care and services occur regularly.

The organisation demonstrated systems, processes and policies which support staff to apply this standard to the work they complete. Documentation and electronic systems support these processes and record the outcomes of these assessments. Staff are able to describe their responsibilities in relation to assessment and care planning, depending on their role in the organisation. 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.

Monitoring systems have been implemented to review the care and services provided by the organisation and also to review if the systems in place are working for the organisation. Audits, observations, documents and reviews show the organisation has identified opportunities to improve how they apply this standard. These have been addressed through improvement activities.

#### 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 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 the organisation demonstrated that all requirements in relation to Standard 3 were met.

Consumers and representatives who responded to the consumer experience interview questions in relation to this standard all provided positive responses to feeling safe and getting the care they need. Consumers said they are looked after well by the staff and they are able to tell the staff about their preferences, which are respected. Consumers also said the staff know them.

The organisation demonstrated consumers are provided with care that follows the consumer’s preferences and optimises their wellbeing. Care takes into account best practice and also identifies and addresses risks associated with the care of each individual. Consumer clinical information is documented and communicated through a number of methods, including an electronic care documentation system, paperwork and verbal handover processes. Referrals to specialists and other health professionals were implemented promptly and to relevant services. The workforce was able to describe and demonstrate the application of the systems which have been implemented by the organisation.

The organisation demonstrated they have implemented training for staff 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. Infection minimisation strategies and monitoring take into account whole of organisation processes, including care and support services. The organisation has a scheduled program of audits and surveys to support the monitoring of this standard and identified deficits were addressed through action plans.

#### 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) 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 Not 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 six of seven requirements in relation to Standard 4 were met.

Consumers provided mostly positive feedback in response to the consumer experience interview, with 94 % of consumers saying they are encouraged to do as much as possible and 83 % of consumers said they like the food most or all of the time. The consumer who was not encouraged to do as much as possible for themselves said the staff are there to do the work for them and they like it that way. Of consumers who gave negative responses in relation to food, the issues identified included food variety, presentation and taste; the organisation evidenced they are engaging with consumers to address these issues. Consumers also said staff support them to engage in ways they enjoy, encourage them to engage in community and relationships, and communicate well.

While the organisation does have systems in place to identify and promote the emotional, spiritual and psychological well-being of consumers, these systems were not effectively applied for three consumers. Documentation was not able to demonstrate these consumers’ needs had been referred to appropriate specialists promptly or addressed to ensure their well-being was supported.

The organisation demonstrated that safe and effective services and supports are implemented for consumers in the facility, which promote their independence, health, well-being and quality of life, including addressing their goals and preferences. The workforce said they respect each consumer’s choice and encourage consumers to attend activities of their choosing. This includes church services, concerts, bus trips, craft, exercises and quizzes. Consumer information is documented and communicated through a number of methods, including an electronic care documentation system, paperwork and verbal handover processes. Processes are in place to ensure meals provided are varied and of suitable quality, including a varied menu and review of consumers’ needs through dietitians.

A number of monitoring processes are in place to ensure equipment is safe, suitable and well maintained, including maintenance and replacement processes. Other monitoring processes, such as audits, observations and surveys have identified opportunities for improvement, which the organisation has addressed.

#### 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) Not Met**

The organisation did not demonstrate that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Three consumers with current needs related to loss and grief have not been identified, assessed or have support plans in place to assist them in the management of their needs and preferences.

##### **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.

#### Consumers provided mostly positive feedback in response to the consumer experience interview, with 94% of consumers saying the consumers fell safe at the facility most of the time or always. The consumer who felt they were safe some of the time said they are able to lock their door to improve their safety. Eighty nine% of consumers and representatives responding to the consumer experience interview said consumers feel at home most of the time or always; with the two consumers who felt at home some of time saying the service isn’t their home and a consumer wanders into their room. Consumers provided other feedback, including that the building is lovely and easy to get around, they have settled into the place well and the furniture is nice.

The facility is designed to ensure consumers can access indoor and outdoor areas of the facility and that access in these areas is safe. Each area has a small sitting 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, staff and visitors. Cleaning of consumer’s rooms and public areas is undertaken according to a schedule. The service launders consumer clothing and consumers said they are satisfied with both the cleaning and laundry services provided.

Monitoring of the service environment is through preventative maintenance and unplanned maintenance, which ensures the facility is well maintained and staff can report any maintenance issues, which are addressed.

#### 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 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 the organisation demonstrated that all requirements in relation to Standard 6 were met.

Consumers provided mostly positive feedback in response to the consumer experience interview, with 94 % of consumers saying staff follow up when they raise things most of the time or always, with one consumer saying the staff have never followed up because they have never complained about anything. Consumers 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. 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 has complaints systems in place, which promote consumer input to the service provision. Feedback is also sought from consumers and other stakeholders through regular surveys undertaken at the facility. Information relating to access to advocates, language services and other methods for raising complaints is available to consumers and their representatives. The organisation provided examples of taking action in response to complaints and negative feedback gathered through survey responses. The workforce described their involvement in encouraging and supporting consumers to provide feedback in ways which the consumer was comfortable doing.

Monitoring of complaints data and individual feedback is used to implement continuous improvements across the organisation. Review of surveys and consumer input by the organisation’s leadership group resulted in improvements to the quality of care and services provided.

#### 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 % of consumers and representatives randomly sampled said staff are kind and caring, know what they are doing and that the consumers receive the care they need most of the time or always. Two consumers did not believe call bell response times were prompt, and one of these consumers felt the staff could be abrupt when answering call bells, at times. Management are addressing individual feedback and also recruiting additional staff to reduce issues with call bell response.

#### 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. Staff also confirmed they are provided with the resources and support to provide quality and safe care and services.

#### 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. Other monitoring processes across the organisation include call bell response times, staff appraisals, observations and policy review.

#### 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 who responded to the consumer experience interview questions in relation to this standard all provided positive responses about the organisation being well run. They agreed they have input to the systems relating to the organisations, such as, continuous improvement and risk management.

The organisation demonstrated the governing body has effective systems in place to ensure the delivery of safe and quality care and services. The Board demonstrated they engage with the consumers to develop their care and services in line with what consumers want. There are organisation-wide governance systems for information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback. A clinical governance framework is in place and covers the monitoring, review and escalation of appropriate clinical issues. While there is a framework in place, application of this framework was not able to be effectively demonstrated (remove if 3b met). The organisation identifies and addresses risks across the whole organisation and has a framework to address these risks in a manner and at a level appropriate to the issues identified.

Workforce across the organisation demonstrated they are involved and responsive to the frameworks and governance systems in place. Staff described how they are involved in the organisation governance structure and are aware of their responsibilities under this standard.

#### 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.