Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Blue Care Wynnum Aged Care Facility |
| **RACS ID:** | 5851 |
| **Name of approved provider:** | The Uniting Church in Australia Property Trust (Q.) |
| **Address details:** | 166 Sibley Road WYNNUM WEST QLD 4178 |
| **Date of site audit:** | 14 October 2019 to 16 October 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 13 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 06 December 2019 to 06 December 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Not Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Not 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 13 January 2020 | |
| **Revised plan for continuous improvement due:** | By 28 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 Blue Care Wynnum Aged Care Facility (the Service) conducted from 14 October 2019 to 16 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 29 |
| Consumer representatives | 12 |
| Management | 6 |
| Clinical staff | 10 |
| Care staff | 18 |
| Hospitality and environmental services staff | 9 |
| Lifestyle staff | 2 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 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 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 all six of the requirements in Standard 1 were met.

During the audit, twenty-nine per cent of consumers and/or their representatives (consumers) were interviewed. Consumers were interviewed in each of the service’s nine lodges.

Consumer experience interviews were conducted with a randomly selected sample of twenty consumers or 49 per cent of those interviewed. In relation to care, all respondents said they get the care they need, always or most of the time. In relation to consumer dignity and choice, a very high proportion of respondents said staff treat them with respect all of the time, while one respondent said they were treated with respect most of the time. In relation to staff explaining things to them, a high proportion agreed staff do this most of the time or always. In relation to exercising choice, a very high proportion said they have a say in their daily activities all of the time or most of the time. In relation to independence, all respondents said they do as much as possible for themselves. A further 21 non-randomly selected consumers were interviewed or 51 per cent of those interviewed. A high proportion of these consumers reported satisfaction with the requirements of this standard.

The service demonstrated that consumers are treated with dignity and respect, and the service promotes a culture of inclusion, respects consumers’ privacy and supports choice and independence. The aspects of respect, dignity, culture, diversity and choice are part of the organisation’s service model and mission statement. Staff are trained in how to implement this model and it is incorporated into the staff code of conduct. The service model is explained to consumers and their representatives and it is documented in an Information book and other documents.

The service’s records contained evidence of the implementation of the service model. Assessments and care and service plans demonstrated inclusion, decision making, respect and support for choice and independence, including risk taking.

Staff were observed to interact with consumers in a respectful manner. Personal information was secure and consumer’s privacy was respected.

Monitoring reports, records of meetings, action plans and the plan for continuous improvement demonstrate that feedback is sought from consumers and action is taken to resolve issues and make improvements.

#### 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 of the requirements in Standard 2 were met.

Feedback from consumers in relation to assessment and planning showed overall satisfaction. Consumer experience interviews show 100 per cent of consumers agreed that staff meet their care needs always or most of the time. Consumers said their involvement in the initial and ongoing and assessment and planning of care helps consumers to get the care and services they need. Consumers said they feel safe and confident that staff listen to them identifying their preferences, and that the service seeks input from other professionals to ensure they get the right care and services to meet their needs.

Staff could describe how consumers and others who contribute to the consumers’ care (including medical practitioners, allied health professionals, and family) work together to deliver tailored care and services and how they monitor and review the consumers’ care needs and monitor and review care plans on a regular basis and as care needs change.

Consumers said care and services are regularly reviewed and when something goes wrong or their needs or preferences change, the service is quick to communicate with them to update care and services. Care and service plans reviewed showed plans have been regularly reviewed and updated. The service demonstrated a care plan review schedule when care plans are due for regular review. Staff demonstrated an understanding of incidents and how these are identified, documented and reviewed by the service to inform continuous improvement.

The Assessment Team was satisfied advance care planning and end of life planning formed part of care planning. Consumers generally said end of life wishes has been discussed with them. Consumers’ files demonstrated advanced care planning and ‘end of life’ wishes forms part of care planning.

#### 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 all seven of the requirements in Standard 3 were met.

Feedback from consumers in relation to the delivery of personal care and clinical care showed overall satisfaction. Consumer experience interviews show 100 per cent of consumers agreed they get the care they need always or most of the time. Consumers reported they feel safe. Consumers gave various examples of how staff ensured that care provided was right for them including regularly asking them about their care and services and the way it is delivered during regular case conferences and informal discussions with them and their family.

Staff could describe how they ensure care is best practice, their opportunities with continuing education and how they ensure information is shared both within and with others outside the service. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify how incidents were used to inform changes in practice and how they identify high prevalence risks for consumers.

Care and service plans reviewed indicated the delivery of safe and effective care. This included the review of care for all consumers and those with changing needs. Documentation demonstrated end of life care planning. Involvement with consumers and family and representatives was evident.

The organisation demonstrated they have policies and procedures underpinning the delivery of care and to guide staff practice. The organisation demonstrated how they review practice and policies to ensure they remain fit for purpose including reflective practice following incidents.

#### 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 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 that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found all seven of the requirements in Standard 4 were met.

Feedback from consumers in relation to services and supports for daily living showed overall satisfaction. Consumer experience interviews show that 100 percent of respondents said they are encouraged to do as much as possible for themselves most of the time or always. In relation to the food provided at the service, seventy-two percent said they like the food here most of the time or always. A small proportion said they like the food some of the time. The service is working with the consumers to identify ways in which food quality and variety may be improved and implementing a new menu in November 2019. Consumers expressed satisfaction that they are supported in their emotional and spiritual care, interests, and social and personal relationships. Consumers are generally satisfied with services they receive for daily living, such as laundry services.

The service generally demonstrated how they provide safe and effective services and support for daily living that optimise the consumer’s independence, health, well-being and quality of life. Staff could demonstrate ways consumers’ emotional, spiritual and psychological needs are supported. Staff demonstrated shared understanding of consumers’ individual preferences and interests. Staff described how consumers are supported to participate in leisure interests, have relationships and access to the community. The service demonstrated that it makes timely referrals to other organisations and specialists to ensure consumers live the best life they can. The service demonstrated how information regarding consumers’ condition, needs and preferences is generally communicated in a timely and appropriate way. The service demonstrated how meals are generally provided to meet individual consumer’s needs and preferences and to ensure suitable variety, quality and quantity are provided. The service demonstrated where equipment is provided, it is safe, suitable and well maintained.

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

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that services and supports for daily living assist each consumer to:

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 Not 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 two of the three requirements in Standard 5 were met.

Feedback from consumers in relation the service environment showed general satisfaction. In relation to the organisation’s service environment, consumer experience interviews show 100 per cent of respondents feel safe at the service most of the time or always. In relation to feeling at home in the service, ninety-four per cent said they feel at home at the service most of the time or always. Consumers gave examples of how they can move freely both indoors and outdoors and come and go from the service. Consumers expressed satisfaction that the service environment is welcoming and comfortable. Consumer were generally satisfied the environment and equipment is well maintained. However, some consumers stated they were dissatisfied with the cleanliness of the building environment and outdoor furniture.

Observation of the service showed it was generally clean, tidy and safe to access all areas. Furniture and equipment were generally clean and arranged to support consumers of varying needs. However, there was confusion between staff about who was responsible for cleaning outdoor areas and furniture. Consumers moved freely throughout the service and interacted freely with both staff and fellow consumers. Staff directed and assisted consumers to mobilise as required.

Staff demonstrated knowledge of maintenance processes and stated equipment was generally sufficient, kept in good working order and appropriate to consumers’ needs. The service demonstrated fittings, furniture and equipment are generally maintained regularly and as required.

The service demonstrated it generally monitors and reviews the living environment, fittings, furniture and equipment to ensure a safe and comfortable service environment and to identify risks or concerns, however monitoring processes are not always effective in identifying issues.

#### 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) Not 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 all four of the requirements in Standard 6 were met.

Feedback from consumers in relation to complaints processes showed overall satisfaction. In relation to feedback and complaints, one hundred percent of consumer experience interview respondents said staff follow-up when they raise things with staff most of the time or always. Consumers indicated they are aware of internal complaint and feedback methods and are comfortable accessing them if needed. Consumers are generally aware of external complaint methods and advocacy services. Consumers advised they are generally satisfied with the process of addressing their concern along with the application of open disclosure.

Staff demonstrated knowledge of how to assist consumers and representatives access internal feedback processes. Staff were not always aware of external complaint methods and advocacy services. The service demonstrated information on internal and external feedback methods and advocacy groups in communicated to consumers and representatives. The service demonstrated feedback is received from internal avenues and is generally responded to and actions taken; identified improvement opportunities are fed into the continuous improvement plan and actioned.

The service demonstrated feedback processes are generally monitored and reviewed to ensure staff and consumers are aware in internal and external feedback methods and that opportunities for improvements are identified.

#### 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 all five of the requirements in Standard 7 were met.

Feedback from consumers in relation to human resources was positive. Consumer experience interviews show 100 per cent of consumers agreed they get the care they need always or most of the time and they feel safe. Consumers said staff were kind and caring and staff generally knew what they were doing. While the majority said they were satisfied, some consumers said that there were occasional delays in the response of care staff to call bells, weekend staff were not as good and there were occasionally poor interactions with workforce members.

The service demonstrated that its workforce is sufficient, skilled and qualified and delivers safe and quality care and services. There are systems designed to recruit workforce members with the necessary qualifications and skills, such as registered nurses and allied health professionals. Workforce members are provided with an orientation and complete ongoing training in both mandatory and role specific skills. The service allocates workforce members according to consumers’ needs in consultation with consumers and staff. There are processes to replace unavailable members of the workforce and monitor the delivery of care and services. The performance of members of the workforce is monitored.

While a minority of staff said they were not always able to complete their designated roles within the allotted time, staff were observed to respond promptly to requests for assistance and interact with consumers in a safe and respectful manner without rushing.

The service’s records provided evidence of qualified nurses managing consumers’ complex care needs, consultation with consumers about care and service delivery, support staff possessing a range of relevant qualifications, members of the workforce completing training in a variety of topics and performance monitoring.

Monitoring reports, records of meetings, action plans and the plan for continuous improvement demonstrate that call bell response times are monitored and feedback is sought from consumers about their satisfaction with staffing. Action is taken to resolve issues and make improvements. In response to a recent consumer satisfaction survey about staffing, management has developed action plans to address individual consumer feedback and the service’s overall staffing model. Additional care and support staff have been appointed.

#### 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 all five of the requirements in Standard 8 were met.

Feedback from consumers in relation to organisational governance was positive. Consumer experience interviews show 100 per cent of consumers agreed that always or most of the time they get the care they need and the organisation was well run. Other consumers reported satisfaction with the management of the service.

The service demonstrated effective governance systems. The service applies the organisation’s Quality framework that is designed to engage with consumers and create and deliver quality care and services. The organisation has developed a clinical governance framework to support the delivery of clinical care. Governance systems monitor care and service delivery and collate and report key performance indicators to the service’s management and the governing body. There is a reporting framework designed to ensure the governing body is kept informed therefore accountable for the delivery of quality care and services. The governing body reviews the reports it receives and provides advice, guidance and directives to management and staff at the service. Governance systems and risk management systems are effective.

#### 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.