Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Brighton Health Campus (Gannet House) |
| **RACS ID:** | 5404 |
| **Name of approved provider:** | Queensland Health |
| **Address details:** | 449 Hornibrook Highway, Beaconsfield Terrace BRIGHTON QLD 4017 |
| **Date of site audit:** | 02 September 2019 to 04 September 2019 |

**Summary of decision**

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| **Decision made on:** | 16 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:** | 29 November 2019 to 29 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Requirement 3(3)(a) | | Not Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 17 December 2019 | |
| **Revised plan for continuous improvement due:** | By 4 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 Brighton Health Campus (Gannet House) (the Service) conducted from 02 September 2019 to 04 September 2019.**

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

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

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Associate nurse unit manager | 1 |
| Care staff | 7 |
| Consumers/representatives | 16 |
| Dietetic and foodservices team leader | 1 |
| Executive director (community and oral health directorate) | 1 |
| Hospitality staff | 1 |
| Nurse unit manager | 1 |
| Nursing director aged care | 1 |
| Recreational activities officer | 1 |
| Registered staff | 3 |
| Site coordinator food services | 1 |
| Volunteer coordinator | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
  
b) supports consumers to exercise choice and independence; and   
  
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show;

* All consumers/representatives said consumers are treated with respect most of the time or always.
* A high proportion of consumers/ representatives (92%) said staff explain things to them most of the time or always. One consumer said staff explain things some of the time explaining that not all staff provide an explanation.

The service demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity in the range of activities it offers consumers and in the delivery of personalised care.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers accurate information and options to inform their choice.

Consumers report that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, is undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers while providing care. The service also demonstrated how electronic and paper documentation is protected to preserve confidentiality of consumer information, consistent with guidelines.

#### 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 all five requirements in relation to Standard two were met.

Consumer experience interviews show that

* A high proportion (92%) of consumers and representatives said consumers are encouraged to do as much as possible for themselves always or most of the time One consumer reported they are not able to care for themselves.
* A high proportion (92%) of consumers and representatives agreed consumers get the care they need most of the time or always. Two consumers advised they get the care they need some of time explaining staff are sometimes too busy or sometimes do not know their needs.

Consumers and representatives said they are engaged in initial and ongoing assessment and planning to help consumers receive the care and services they need. Consumers reported feeling safe and confident that staff are aware of their individual preferences including their end of life wishes. The service consults with specialists and allied health professionals to ensure consumers receive the appropriate care and services to suit their needs.

Staff provided examples of consultation that occurs between the consumers, their representatives, medical officers and other health professionals to contribute to personalised care and services. Consumers said their care is regularly reviewed and changes are made according to assessed needs and preferences. Review of consumer files demonstrated the ongoing and regular review and consultation process with consumers and/or their representatives. Consumers and representatives provided examples of how they discuss their changed needs and preferences with staff, which may entail an assessment with a health professional to seek advice. Care plans reflected consumers’ current needs and consumers were aware of the care and services they receive.

#### 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 did not demonstrate that one of the seven requirements under Standard three was met.

Consumer experience interviews show;

* A high proportion of consumers and representatives (92%) said consumers get the care they need most of the time or always. One consumer said they get the care they need some of the time, however, could not describe any deficiencies in care provided.
* All consumers and representatives said consumers feel safe at the service most of the time or always.

While a high proportion of consumers and representatives said consumers get the care they need most of the time or always, the organisation did not adequately demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is tailored to meet and optimises their health and wellbeing, or that it adequately monitors and reviews its performance in relation to this requirement.

Staff said they are provided with opportunities to attend education and improve their skills and knowledge to assist them to provide safe and effective personal and clinical care. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. Staff could identify the highest prevalence risks for consumers and how they manage risks and maintain consumer safety. Staff demonstrated how incidents were used to inform changes in practice.

Consumers and representatives provided examples of how staff engage with them to support the consumer’s needs and preferences. This included regularly asking them if they are happy with their care and if it right for them.

Care plans demonstrated the delivery of safe and effective care. This included the review of consumers who had received end of life care which demonstrated their wishes and preferences had been considered and respected. A focus on pain relief and comfort measures as well as close involvement of family and significant others was evident.

The service demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice to ensure it remains current and informed by advice from experts and the consumers themselves.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

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

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 3 Requirement 3(f) Met

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

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
i) standard and transmission based precautions to prevent and control infection; and   
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show that

* A high proportion of consumers and representatives (83%) said consumers like the food most of the time or always. Two consumers said they like the food some of the time. Both consumers have seen the dietitian and been offered a range of choices according to their dietary preferences and described choosing to buy in pre-prepared meals of their choice.
* All consumers and representatives said consumers are encouraged to do as much as possible for themselves always or most of the time.
* All consumers and representatives said consumers have a say in their daily activities always or most of the time.

Consumers expressed satisfaction that they are supported and enabled to live their daily life as they choose including emotional and spiritual care, activities, and access to community groups.

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

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

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

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

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

#### Requirements:

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

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

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

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

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

The organisation demonstrates that services and supports for daily living assist each consumer to:   
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

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

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show that

* All consumers and representatives said consumers feel safe at the service most of the time or always;
* The majority of consumers and representatives (77%) said consumers feel at home in the service most of the time or always. Two consumers who are new to the service said they feel at home some of the time describing they are still settling in. One consumer who is planning to move to independent accommodation with community supports said they never feel at home.

Consumers and representatives expressed satisfaction that;

* The service is well maintained
* They have access to a range of equipment and furnishings which suit consumers’ needs.
* They are encouraged to use all areas of the service including outdoor walkways and seated areas.

The service was observed to be welcoming, clean and well maintained. Individual rooms were decorated with consumer’s individual items according to their choice. The layout of the service enabled consumers to move freely, with suitable furniture and fittings. Consumers had ready access to outdoor areas with seating.

Staff described procedures for the purchase, service and maintenance of furnishings and equipment and also how environment related risks to consumers were identified and managed.

Management confirmed the service environment is reviewed regularly, including feedback from consumers and concerns or risks identified are communicated and discussed by management and governing committees as needed.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show that

* A high proportion of consumers and representatives (85%) said when they raise things staff follow up most of the time or always. Two consumers said when they raise things staff follow up some of the time. One consumer said they go directly to management who always follows up and one described registered nurses not following up on queries regarding medications.

Consumers and representatives are aware of complaints and feedback avenues available to them and they feel comfortable to access them as needed. Where feedback has been provided consumers advised of satisfaction with the process of addressing their concern and with open disclosure.

Staff demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so that management can address it.

Management demonstrated that all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to senior management as required and an open disclosure process is used when things go wrong. Feedback and complaints are reviewed by management and result in continuous improvement activities.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show that

* A high proportion of consumers and representatives (92%) said staff are kind and caring most of the time or always. One consumer said staff are kind and caring some of the time but could not provide an explanation.
* A high proportion of consumers and representatives (92%) said staff know what they are doing most of the time or always. One consumer said staff know what they are doing some of the time expressing dissatisfaction with temporary/casual staff.

The service demonstrated that processes ensure the workforce is planned to ensure appropriate numbers and skill mix of staff to ensure the delivery and management of safe and quality care services. Police certificate and registration requirements are monitored and reviewed regularly. Education is provided to meet mandatory requirements as well as service needs. Consumers and representatives said there are sufficient staff to meet consumers’ needs and they find regular staff knowledgeable about consumers individual needs and preferences. Improvements have been made in relation to upskilling temporary/casual staff.

Staff demonstrated skills and knowledge required of their roles. They were familiar with individual consumers’ needs and preferences and daily routines. Staff expressed satisfaction with the range of education opportunities at the service and with their access to supervision and support when required.

Recruitment and performance monitoring processes ensure staff competence is maintained and where non-performance is identified, management address it in a timely manner.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met all requirements under this standard.

Consumer experience interviews show that

* A high proportion of consumers and representatives (92%) said the place is well run most of the time or always. One consumer said the place is well run some of the time explaining that some decisions made by management seem autocratic.

The organisation demonstrated that they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day to day basis. Consumers representatives confirmed they are involved in care planning and delivery and provided examples of how this occurs.

The governing committees meet regularly and regularly reviews risks from an organisational and consumer perspective. There are organisational governance systems to support effective information management, the workforce, compliance and regulation and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### 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