Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bundaberg Aged Care Residence |
| **RACS ID:** | 5936 |
| **Name of approved provider:** | TriCare Bundaberg Aged Care Pty Ltd |
| **Address details:** | 12 FE Walker Street BUNDABERG QLD 4670 |
| **Date of site audit:** | 09 July 2019 to 12 July 2019 |

**Summary of decision**

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| **Decision made on:** | 13 August 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:** | 23 September 2019 to 23 September 2021 | |
| **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) | | Not Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Not Met |
| Requirement 2(3)(d) | | Not 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) | | Met |
| Requirement 4(3)(c) | | Not 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 14 October 2019 | |
| **Revised plan for continuous improvement due:** | By 28 August 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 Bundaberg Aged Care Residence (the Service) conducted from 09 July 2019 to 12 July 2019.**

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

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

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

This Report is to be read in conjunction with the 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** |
| --- | --- |
| Compliance manager | 1 |
| Compliance support officer | 1 |
| Acting facility manager | 1 |
| Clinical manager | 1 |
| Consumers | 16 |
| Representatives | 4 |
| Training officer | 1 |
| Housekeeping team leader | 1 |
| Lifestyle coordinator | 1 |
| Registered staff | 4 |
| Care staff | 9 |
| Chef | 1 |
| Maintenance officer | 2 |
| Catering staff | 2 |
| Cleaning staff | 2 |

## 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:

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 four of the six requirements in relation to Standard 1 were met.

Consumer interviews show that 94% of consumers agreed staff treat them with respect most of the time or always.

The service uses consumer meetings, surveys, feedback and complaints mechanism to ensure that consumers are satisfied staff treat them with respect and support them to maintain their identity.

The organisation demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. The service promotes the value of culture through diversity through staff training, in the range of activities it offers consumers with diverse backgrounds within the service and preferences in the delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform them of their choice. Consumers said they generally feel heard when they tell staff what matters to them and that they are generally able to make decisions about their life, even when it involves an element of risk.

Consumers said the organisation protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. They could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The organisation demonstrated how electronic and filing systems support the protection of confidential information including consumers information, consistent with documented policies and procedures.

However, the Assessment Team was not satisfied that each consumer is supported to exercise choice and independence to make decisions about when family, friends, carers or others should be involved in their care, communicate their decisions or make connections with others and maintain relationships of choice outside of the service. This was evidenced by feedback received from eleven of the twenty consumers and representatives interviewed who also expressed varying levels of dissatisfaction with the support provided to maintain social connections outside of the service.

#### 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) Not 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) Not 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 Not 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 three of the five requirements in relation to Standard 2 were met.

Of consumers randomly sampled, 100% said they have a say in their daily activities most of the time or always. Consumers said their direct engagement in the initial assessment and planning of their care helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the organisation seeks input from other professionals to ensure they get the right care and services to meet their needs and the right care when there has been a change in their needs. Consumers said they had discussed their palliative care wishes with staff which included their needs, goals and preferences for end of life care.

Each of the care plans reviewed showed plans had been regularly reviewed (with changes made) and included a date by which the next review of care and services is due to be undertaken. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, to inform continuous improvement.

However, although consumers and representatives gave various examples of how staff ensured the care provided was right for consumers, the Assessment Team was not satisfied the organisation’s monitoring and reviewing processes has identified consumer dissatisfaction in relation to consumers and representatives being supported to work in partnership in ongoing assessment or consumer dissatisfaction in relation to the approach used for communicating the outcomes of assessment and planning with them.

#### 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) Not 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) Not 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:

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 all seven of the requirements in relation to Standard 3 were met.

Of consumers randomly sampled, 100% agreed that staff meet their care needs most of the time or always and that they feel safe at the home most of the time or always.

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

Consumers gave various examples of how staff ensured the care provided was right for them. This included regularly asking them about their care and the way it is delivered.

Each of the care plans reviewed indicated the delivery of safe and effective care. This included the review of care of consumers who had been palliated with care reflecting attention to the needs and preferences of these consumers at the end of their life. A focus on pain relief, review of pain management strategies and close involvement with family and others was evident.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain current.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

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

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

##### Standard 3 Requirement 3(d) 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 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:

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 five of the seven requirements in relation to Standard 4 were met.

Of consumers randomly sampled, 100% agreed that most of the time or always, staff explain things to them and that they are encouraged to as much for themselves as possible and confident they are receiving the care they need. However, only 75% of consumers randomly sampled, agreed that they enjoy the food most of the time or always.

Consumers interviewed said they are generally satisfied with the service they receive especially in relation to supports for daily living and their physical care. Consumers said they usually had someone to talk to when needed and that staff were generally available to provide emotional support. Consumers also said they were generally satisfied with the activities offered at the service and were able to provide advice about activities of interest to them within the service.

The organisation demonstrated that it makes timely referrals to other organisations. It provides meals of a suitable quality, variety and quantity and provide safe, suitable and clean well-maintained furniture. This was also observed by the Assessment Team.

However, the organisation did not adequately demonstrate that it supports consumers to connect with others outside the service. A number of consumers stated that they were not supported to go on outings, and this resulted in them not being able to participate in their community outside the service environment or do things of interest to them.

#### Requirements:

##### Standard 4 Requirement 3(a) Not 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) Not 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 the organisation met all three requirements in relation to this Standard.

The service was observed to be welcoming, clean and well maintained with appropriate furniture and fittings. Consumers display photographs, memorabilia and other personal items in their rooms. Signage helps consumers find their way around the service and there is ready access to outdoor living areas including courtyards with communal tables/seating, tidy gardens and verandah settings. Paths and handrails enable free movement throughout the service.

Consumers said:

* The service was well maintained and kept at a comfortable temperature.
* They have access to a range of furnishings and equipment and felt safe using them.
* They have access to internal courtyards, verandahs and a family room to use as a quiet space to meet with family and friends.
* They are encouraged to use all areas of the service including an activities area where social gatherings, games and craft sessions are held.

93% of respondents to a consumer experience interview agreed they feel at home at the service most of the time or always.

Policies and procedures described systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements. Management confirmed that the service environment is a standing agenda item for weekly telephone meetings with the organisation’s executive staff where any emerging risk or maintenance issues are discussed.

#### 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 the organisation met all four requirements in relation to this Standard.

The organisation could demonstrate consumers/representatives know how to give feedback and make complaints and feel safe and comfortable doing so. Further they demonstrated that consumers/representatives have access to advocates, language services and other methods for raising and resolving complaints.

100% of respondents to a consumer experience interview agreed staff follow up when they raise things with them most of the time or always.

The organisation demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The organisation further demonstrated feedback and complaints are reviewed and used to improve the quality of care.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation met all five requirements in relation to this Standard.

The organisation demonstrated the number and mix of staff is planned to enable the delivery of safe and quality care and services. Staff interviewed were satisfied there are enough staff to enable them to provide safe and quality care. 100% of respondents to a consumer experience interview were satisfied they get the care they need most of the time or always.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided examples of what this meant to them including in relation to events of cultural significance and specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful. 100% of respondents to a consumer experience interview agreed staff are kind and caring most of the time or always.

The organisation demonstrated the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles. 100% of respondents to a consumer experience interview were satisfied staff know what they are doing most of the time or always.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. New staff are satisfied with the orientation and support provided. The organisation demonstrates regular assessment, monitoring and review of the performance of each member of the workforce.

#### 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 Not 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 the organisation did not demonstrate that one of the five requirements in relation to Standard 8 were met.

The organisation demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with 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. Consumers and their representatives confirmed that when restraint was used the service first contacted them for their consent and contacted them after the application of restraint to discuss alternative options for the future.

100% of respondents to a consumer experience interview were satisfied the service is well run most of the time or always.

However, the organisation did not demonstrate that other requirements in relation to this Standard were met.

Specifically, the organisation failed to demonstrate that effective risk management systems and practices support consumers to live the best life they can. For example:

The organisation did not adequately demonstrate that it supports consumers to connect with other supports and people outside the service. A number of consumers stated that they were not supported to go on outings and this resulted in them not being able to participate in their community outside the service environment or do things of interest to them.

#### 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) Not 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