Accreditation Decision

**Decision not to re-accredit service following a site audit**

**Service and approved provider details**

**Name of service:** Bupa Seaforth

**RACS ID:** 1034

**Name of approved provider:** Bupa Aged Care Australia Pty Ltd

**Address details:** 550 Sydney Road, SEAFORTH NSW 2092

**Date of site audit:** 9 – 16 September 2019

**Summary of decision**

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| --- | --- | --- |
| Decision made on: | 18 October 2019 | |
| Decision made by: | An 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: | Not to re-accredit the service under section 41 of the Rules*.* | |
| Accreditation expiration date: | 17 October 2019 | |
| Assessment of performance with the Aged Care Quality Standards | | |
| Standard 1 Consumer dignity and choice | | Not Met |
| Requirement 1(3)(a) | | Not Met |
| Requirement 1(3)(b) | | Not Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Not 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) | | Not Met |
| Requirement 3(3)(c) | | Not Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Not 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 | | Not Met |
| Requirement 7(3)(a) | | Not Met |
| Requirement 7(3)(b) | | Not Met |
| Requirement 7(3)(c) | | Not Met |
| Requirement 7(3)(d) | | Not Met |
| Requirement 7(3)(e) | | Not Met |
| Standard 8 Organisational governance | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Not Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Not Met |
| Requirement 8(3)(e) | | Met |

**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 Bupa Seaforth (the Service) conducted from 09 September 2019 to 16 September 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 16 |
| Representatives | 19 |
| Care staff | 6 |
| Dementia care specialist | 1 |
| Clinical care manager | 3 |
| Physiotherapist | 2 |
| Cleaning staff | 1 |
| Registered nurse | 6 |
| Lifestyle staff | 2 |
| Catering staff | 2 |
| Lifestyle Coordinator | 2 |
| General Manager | 1 |
| Chef | 1 |
| Director clinical services | 1 |
| Regional director | 1 |
| Consultants including nurse advisor, administrator, educator  and clinical managers | 5 |
| Medical officer | 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 finds the organisation meets three out of the six requirements in this standard, Requirements (c), (d) and (e). Requirements (a), (b) and (f) are not met.

The organisation is not able to demonstrate they understand, apply, monitor and review this standard for each consumer. While 88% of the consumers/representatives sampled (randomly and purposeful) say staff treat consumers with respect and their dignity is maintained always or most of the time; 12% state it was some of the time. Although, friendly interactions between consumers and staff were observed, the Assessment Team made several observations during the assessment performance demonstrating consumer dignity and choice is not maintained or respected. Review of various documentation also showed instances where consumers were disrespected, their privacy intruded, and their dignity compromised.

The Assessment Team’s interviews, observations and document reviews showed staff do not adequately understand consumer’s needs, preferences and know what to do to make them feel safe and valued. On several occasions, the Assessment Team observed staff members struggling to communicate with consumers living with dementia and who have reverted to their native languages other than English. Whilst most of the staff at the service, were able to articulate consumer’s preferences and needs, some staff members attending to consumers activity programs struggled to do so. Staff members did not have the relevant training on lifestyle activities.

Although the service has processes to identify and document consumers individual, cultural needs and preferences, inconsistencies were identified; information are not generally updated to reflect current and changed needs. Staff were unable to demonstrate how they would assist consumers who wish to established intimate relationship outside the service although some consumers are supported to take risks. The service generally informs representatives of changes to consumer’s care however, there are examples where this is delayed. Care conferences are conducted with consumers and their representatives annually or when requested.

#### Requirements:

##### Standard 1 Requirement 3(a) Not 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) Not 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) Not 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 finds the organisation meets two out of the five requirements in this standard, Requirements (c) and (d). Requirements (a), (b) and (e) are not met.

The service does not demonstrate that it adequately understands, applies, monitors and reviews the requirements of this standard to address and mitigate risks to consumer’s health and wellbeing.

The consumer experience report documents 71% of the consumers and representatives say consumers feel safe at the service always, 24% most of the time and 5% reported they feel safe at the service some of the time. 44% of the consumers and representatives said consumers have a say on how care is delivered to them, always and 31% said it was most of the time. However, 25% reported consumers have a say on how care is delivered to them some of the time. The service conducts assessment and undertakes planning taking into consideration risks to consumer’s health and wellbeing, however, assessments are at times ineffective or did not occur following incidents.

The Assessment Team identified examples where consultation had not occurred with consumers and/or their representatives prior to clinical review or change of consumers care plans. Risks to consumer’s health and wellbeing were not adequately addressed. Most of the staff members interviewed about restraints use and Quality Standards were unable to articulate the monitoring process underpinning the use of restraints although this was being addressed by management. There were deficits in the service’ audit process. Consumers receiving or who have recently received palliative care have not had their needs adequately addressed in a timely manner. Care and service plans are generally developed in consultation with consumers and /or their representatives, medical officers and other allied health personnel. Medical and allied health reviews generally occur following incidents however, sometimes these are delayed. The service has various communication channels to support consumers care and services provision.

#### Requirements:

##### Standard 2 Requirement 3(a) Not 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) Not 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) Not 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 finds the organisation does not meet the requirements of this standard.

The organisation does not demonstrate that it effectively applies, understand or monitors and reviews the requirements of this standard. Interviews, observations and document reviews found the organisation does not demonstrate each consumer gets clinical and/or personal care is tailored to their needs, optimises their health and wellbeing and effectively uses best practice to inform delivery of care.

The consumer experience report identified 44% of consumers and representatives say consumers gets the care they need always, 19% replied most of the time and 37% said it was some of the time. The consumer experience review identifies 22% of consumers and representatives said staff always know what they are doing always; 39% said it was most of the time and 39% said it was some of the time that staff know what they are doing.

Clinical indicators illustrate that managing consumers who are identified as high impact and high prevalence risks, have not been effective and has impacted not only on individual consumer’ health and well-being but also on other consumers living at the service. Staff’ skills and experience were identified as an issue with care and service delivery. Challenging behaviours have not been managed to support consumer care and comfort and staff do not demonstrate the appropriate skills in dementia or behaviour management.

The organisation does not adequately demonstrate that it responds to each consumer with changes to their cognitive, physical function and capacity in a timely manner. The service is not proactive in responding to consumer’s changing needs and consumers receiving palliative care and end of life treatment are not provided the maximum comfort and dignity they deserve. Communication issues were identified from interviews, file reviews and observations with real and potential impact on consumer’s health and well-being. The service generally demonstrates that appropriately referrals are made to other providers of care and services but this is sometimes delayed. The service does not have effective practices to minimise the use of antibiotic treatment and reduce risk of increasing resistance to antibiotics.

#### 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) Not 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) Not Met

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

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

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

##### Standard 3 Requirement 3(e) Not 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) Not 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) Not 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 finds six of the seven requirements for this standard are met.

The organisation generally demonstrates consumers gets safe and effective services and supports for daily living that meet the consumer’s needs, whilst some areas for improvement were identified on balance consumer goals and preferences are identified and efforts have been made to optimise their independence, health, well-being and quality of life. Whilst deficits were identified in staff skills and knowledge consumers and representatives generally provided positive feedback about lifestyle engagements and recognised recent improvements. Consumer and representatives generally provided positive feedback about the living environment and amenities and meal service.

There are processes for monitoring and reviewing to optimise consumer independence, health, wellbeing and quality of life however consumers living with dementia and particularly those of diverse cultural background do not always have their emotional, spiritual and/or psychological wellbeing maintained.

The service has worked to improve the lifestyle program however some of the lifestyle engagements have been included into the calendar recently. Generally, consumers express satisfaction with lifestyle program. Positive feedback was provided about bus outings, concerts and church services. There are external providers who entertain and engage with consumers including a regular music therapist and pet therapist. It is apparent consumers who are actively able to engage in the program are consulted about and included in the lifestyle program.

The organisation demonstrates it has contracted allied health services. Staff facilitate appropriate referrals to other health providers and care services and monitors and reviews its performance.

#### Requirements:

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

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

##### Standard 4 Requirement 3(b) Not Met

The organisation 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 finds the organisation met all three of the requirements under this standard.

Of consumers sampled 71% of consumers feel safe at the service most of the time or always. 95% of consumers sampled stated they feel at home at the service always or most of the time. Consumers and representatives interviewed described various ways the service is welcoming and supports their wellbeing. There was no negative information about the living environment. Consumers reported:

* They enjoy the amenities of the building
* They able to personalise their rooms and have them arranged as they like.
* They are satisfied with the standard of cleaning.
* The service is a comfortable temperature
* The have access to the outside
* A safe smoking area is maintained away from other consumers.

Observation of the environment showed that it is maintained, and consumers were observed freely moving about the service both inside and outside as they chose.

There are monitoring systems and processes which support the ongoing maintenance of the service and to ensure the suitability of building, furniture, fitting and equipment. Areas of risk are identified and managed. Staff interviewed have knowledge of the systems which support the maintenance of a safe and comfortable environment. Cleaning staff confirmed cleaning services are delivered as arranged. Management confirmed there are processes to identify and escalate emerging risks and maintenance 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) 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 Not 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 finds the organisation met two of the four requirements under this standard.

The organisation demonstrated it encourages and supports stakeholders to provide feedback or make complaints in various ways. Information is made available regarding access to advocates and language services and other methods for raising and resolving complaints.

The organisation demonstrates at times appropriate action occurs in response to complaints raised and at times open disclosure occurs when things go wrong.

Whilst the organisation has a system for monitoring feedback and complaints, they have not been reviewed to use the information to improve the quality of care and services the service. The service has not made progress with some of the ongoing and longstanding areas of concern identified by consumers and representatives. Dissatisfaction remains in areas including human resource management and leadership in the service.

#### 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) Not 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) Not Met

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

### Standard 7: Human resources Not 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 finds the service does not meet the requirements of this standard.

The service has experienced a long period of management and staffing instability. Since the review audit of September 2018 when sanctions were imposed there have been three sets of consultants including the administrator and nurse advisor working in the service. Management and staffing instability continues. There has been deficits in leadership and clinical oversight in the service.

Management acknowledge the on site management/leadership team have not had skills necessary to ensure stability in consumer and representative satisfaction provide clinical oversight. The current consultants to the service identified gaps in staff knowledge and skills; training has commenced to rectify deficits.

The organisation does not demonstrate that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Agency staff remains high as described below in Standard 7 Requirement 3(c).

Staff turnover remains high. Staff morale remains low and issues have been identified about staff psychological wellbeing.

Consumers and representatives provided feedback about their frustration and dissatisfaction about the ongoing nature of changes to management and staff as well as gaps in staff skills and communication.

#### Requirements:

##### Standard 7 Requirement 3(a) Not 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) Not 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) Not 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) Not 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) Not 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 finds the service does not meet the requirements of this standard.

Whilst the organisation has a governing body and structures in place to support organisational oversight and governance there have been ongoing failures at Bupa Seaforth which management have not rectified.

The organisation does not demonstrate effective risk management systems and practices. The service has not met their legislative requirements and have breached their obligations under section 6(4)(a) of the user Rights Principles 2014, in relation to the security of tenure.

Whilst the organisation’s governing body promotes a culture of safe, inclusive and quality care and services there has been no accountability for the delivery of a safe and inclusive service that provides quality care and services.

Whilst work instructions and a policy have been developed regarding antimicrobial stewardship. The service continues to have high infection incidence and high use of antibiotics.

The organisation has not demonstrated governance relating to use of restraint in the service.

There has been some limited effort to demonstrate open disclosure.

#### Requirements:

##### Standard 8 Requirement 3(a) Not 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) Not 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) Not 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) Not 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.