Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Cabrini Residential Care - Ashwood |
| **RACS ID:** | 3581 |
| **Name of approved provider:** | Cabrini Health Limited |
| **Address details:** | 54-64 Queens Parade ASHWOOD VIC 3147 |
| **Date of site audit:** | 28 November 2019 to 29 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 17 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 16 February 2020 to 16 February 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | 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 |

**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 performance report, any response by the provider, and any other relevant information.

The met recommendations made by the Assessment Team in this site audit performance report may differ from the findings in the decision.

## Service details

Service name: Cabrini Residential Care - Ashwood

Commission ID: 3581

Provider name: Cabrini Health Limited

Location: 54-64 Queens Parade ASHWOOD VIC 3147

Phone number: 03 9508 3000

Email address: sclark@cabrini.com.au

Type/s of service:

* Residential care

## Publication of report

This Site Audit Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

## Introduction

**This is the report of an assessment of Cabrini Residential Care - Ashwood (the Service) conducted from 28 November 2019 to 29 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 13 |
| Clinical staff | 5 |
| Care staff | 6 |
| Domestic services | 2 |
| Food services assistant | 1 |
| Quality assistant | 1 |
| Representatives | 4 |
| Work, health and safety consultant | 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 organisation demonstrated that all requirements under Standard 1 were met.

Of consumers and representatives interviewed, 100% confirmed they are treated with respect. Consumers and representatives provided examples of how staff value their identity, culture and diversity.

The service demonstrated that consumers are treated with dignity and respect, and the service actively promotes a cultural awareness as part of service delivery. The service identifies what is important to the consumer through completing ‘key to me’ documentation. The encourages cultural interaction by matching volunteers and consumers with similar cultural backgrounds. Staff were observed to interact with consumers and representatives respectfully and are able to identify consumer’s individual preferences and interests. The service has computers with video chat capacity available for consumers to use to contact family members that may live far from the service.

Consumers described the ways their social and intimate relationships are supported both inside and outside the service. The service promotes privacy by using ‘care in progress’ signs on consumers’ doors. The service’s values and mission statements are on display and staff confirm they have ongoing training to uphold these values. The service’s diversity policy and training focuses on the importance of culture and diversity of their consumers and staff. Care delivery is tailored to the person in accordance with their cultural backgrounds and preferences.

Staff provided examples of how they assist consumers to make informed choices about their care, even when there is an element of risk. Staff felt they were able to give consumers clear and accurate information and options to inform their choice. Consumers reported that staff are attentive and listen to them when they inform staff what matters to them.

Consumers report that they are confident that the service protects their privacy and confidentiality. Staff were observed to provide care in a manner that was respectful to consumer’s privacy. Staff gave examples and the Assessment Team observed of how staff maintain consumers dignity while attending to personal care needs. The service also demonstrated how personal information is stored securely when not in use, consistent with documented policies and procedures.

#### 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 the organisation demonstrated that all requirements under Standard 2 were met.

Of consumers and representatives interviewed, 100% agreed the consumer has a say in their daily activities most of the time or always. Consumers and representatives said they were satisfied that their care involved choice, was planned and delivered effectively.

Consumers and representatives confirmed the service communicates with them promptly if there is change in the consumers health. The service demonstrated that assessment and planning is completed in consultation with the consumer and/or their nominated representatives.

Staff confirmed processes of reviewing and updating care plans for consumers and how changes to care is communicated effectively. File reviews confirmed regular reviews and updates to consumer care plans including end of life wishes care plans.

Staff said they engage with other providers to assist with the delivery of safe and effective care. Nursing staff undertake the care plan reviews and care staff confirmed they are involved in resident of the day assessments. Staff were able to describe the importance of identifying and reporting changes or incidents that may impact on the needs, goals and preferences of the consumer.

#### 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 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 demonstrated that all requirements under Standard 3 were met.

Of consumers and representatives interviewed, 100% said consumers felt safe and get the care they need always or most of the time. Consumers and representatives said they felt confident consumers are receiving care that is safe, effective and is in accordance with the consumers preferences.

The service demonstrated they provide and understand safe and effective delivery of care that is tailored to the consumer’s needs. Staff described how they recognise, and report changes in a consumer’s conditions. File reviews identified timely referrals to medical practitioners, to specialist services and other health professionals.

Staff could describe how they provide care according to consumers’ personal preferences. Staff were able to identify inherent risks of consumer choices and how they supported them to minimise the identified risks. Consumers and representatives are satisfied that consumers are referred to other healthcare professionals in a timely manner.

The service demonstrated application and understanding of end of life wishes and palliative care. Representatives spoke positively about the dignity provided to the consumer and the support they received during end of life.

Staff demonstrated understanding of infection control and appropriate usage of antibiotics. The service works with medical practitioners to ensure continuing monitoring of antibiotic usage.

The service monitors and reviews its performance in the way of audits, reviewing incidents and monitoring clinical indicators to provide best practice.

#### 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 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 organisation demonstrated that all requirements under Standard 4 were met.

Of consumers and representatives interviewed, 94% said they that consumers are encouraged to do as much as possible for themselves most of the time or always. In relation to food, 82% of consumers said that they like the food always or most of the time. The remaining 18% of consumers provided examples of why they had selected some of the time or never. A consumer referred to their ongoing medical issue which affected their ability to enjoy food. Management continue working with consumers through food focus groups to enhance choice, variety and satisfaction of meal services. The service actively encourages feedback and have made recent improvements in dining improvements.

Consumers, representatives and staff provided examples about how the service promotes emotional, spiritual and psychological wellbeing. The service provides a comprehensive activities program for consumers to participate in and actively seeks information from consumers about additional individual activities in which they would like to partake. Consumers are encouraged to complete a wish list for activities that they would like to do. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room. The service has a café providing beverages and light refreshments for the enjoyment of consumers and visitors.

The service demonstrated that is makes timely referrals to other community organisations and allied health services.

The service provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use.

#### 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 organisation demonstrated that all requirements under Standard 5 were met.

Of consumers and representatives interviewed, 100% agreed that the consumer feels at home at the service always or most of the time. Consumers and representatives provided positive feedback about the cleanliness of consumers rooms and common areas.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is clean and well maintained. The service has preventative and reactive maintenance schedules.

The service is well appointed, and the layout of the service enabled consumers to move around freely. Fittings and signage assist consumers to navigate the service. Consumers and representatives were observed sitting outside in the courtyard having lunch and were able access other outdoor areas with gardens, paths and outdoor settings that enabled free movement and rest areas. The service’s resident chickens provide a source of enjoyment and provide sensory stimulation for consumers.

Consumer’s reported that the service was well maintained and kept at a comfortable temperature. They have access to a range of equipment and furnishings and felt safe using them. The service regularly sought feedback about how the service environment could be improved and made more welcoming. The service provides access to quiet rooms for family and friends to meet where a consumer may be unwell. The service encourages consumers and their friends and family to use all areas of the service including the outdoor areas where activities and celebrations are held. The service conducts multi-faith activities for those consumers who wish to attend and holds in memoriam services for consumers who have passed.

Management confirmed that environmental audits are conducted to assess potential risk areas and instigate improvements. The service environment is a standing agenda item for management meetings and organisational executive meetings where any emerging risk or environment issues are discussed along with consumer feedback on the service environment.

#### 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 organisation demonstrated that all requirements under Standard 6 were met.

The service demonstrated consumers knew how to give feedback and make complaints. Of consumers and representatives interviewed, 94% are satisfied that staff follow up when they raise things with them most of the time or always.

Consumers and representatives are encouraged to provide feedback at regular meetings and there are feedback forms on display throughout the service. It was identified that feedback forms are not available in other languages as management have not identified a need for this with current consumers. Management advised they would look into this and discuss it at the next consumer and representative meeting to gauge consumer feedback. Information regarding the complaints process is also explained to consumers and/or their representatives on entry to the service. The service demonstrated that there are established processes to facilitate the submission of complaints. Management stated that any feedback is usually positive, and any suggestions made are addressed as soon as possible.

Staff explained how they support consumers to provide feedback as required. Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. The organisation has a ‘complaints management’ and ‘open disclosure’ policy and procedure which includes a system to record, track and manage feedback and this in turn is used to improve the quality of care and services.

Management provided examples of where consumer feedback, submitted at either consumer meetings or via survey processes, had initiated changes to care and 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) 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 demonstrated that all requirements under Standard 7 were met.

The organisation demonstrated 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, respectful and quality care and services.

Consumers provided positive feedback about the workforce. Of consumers and representatives interviewed, 100% agreed that staff know what they are doing most of the time or always; are kind and caring; and that consumers get the care they need.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster.

Staff were observed to be attentive, kind and caring in their interactions with consumers, families and other visitors to the service. Staff said they have sufficient time to complete their work load and unplanned leave is replaced.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and/or experience and are provided with relevant information to enable them to complete their tasks.

Management monitor staff compliance with nursing registrations and police certificates. Management discussed processes to monitor staff performance. All staff are required to participate in annual performance appraisals. Management and staff have access to policies and procedures to guide care and services and these are reviewed regularly. Management have access to a range of education to support them in their relevant positions. People and culture plan education and current training needs. Staff said they have access to a range of education opportunities to support them in their respective roles. Staff gave examples of how they had been supported in personal development and further education.

#### 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 organisation demonstrated that all requirements under Standard 8 were met.

All consumer and representatives interviewed, including those who participated in the consumer experience report are satisfied the service is well run and that staff explain things to consumers, most of the time or always

The service demonstrated that they involve consumers in the plan, delivery and evaluation of care and services, providing examples of how consumers are involved in the plan of services that are monitored regularly. These include meetings, surveys, and shared decision-making processes. Consumers and representatives are satisfied they are involved in care planning, delivery and evaluation and examples were provided of how this occurs in practice.

Organisational wide governance systems support effective information management, continuous improvement, financial and workforce processes and regulatory compliance. There are established processes to identify, manage and report high impact or high prevalence risks, including incidence of elder abuse. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint with policies, procedures and staff practice supporting this framework. Clinical key indicators are collected, reported and discussed at local and organisational meetings.

#### 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