Accreditation Decision

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

**Reconsideration Decision on the further period for which a residential service is to be accredited**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Calvary Cessnock Retirement Community |
| **RACS ID:** | 1474 |
| **Name of approved provider:** | Calvary Retirement Communities Limited |
| **Address details:** | 19 Wine Country Drive CESSNOCK NSW 2325 |
| **Date of site audit:** | 30 September 2019 to 04 October 2019 |

**Summary of decision**

**DECISION TO RE-ACCREDIT SERVICE FOLLOWING A SITE AUDIT**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 8 November 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 22 November 2019 to 22 November 2021 | |
| **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 | | 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) | | 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) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Not 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 | | Not Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Not Met |
| Requirement 6(3)(d) | | Not 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 10 February 2020 | |
| **Revised plan for continuous improvement due:** | By 23 November 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

**RECONSIDERATION DECISION ON THE FURTHER PERIOD FOR WHICH A RESIDENTIAL SERVICE IS TO BE ACCREDITED**

|  |  |
| --- | --- |
| **Decision made on:** | 9 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 reconsider a reviewable decision under Part 7 of the Aged Care Quality and Safety Commission Rules 2018 (Rules). |
| **Decision:** | The delegate decided to affirm the decision made on 8 November 2019 to re-accredit the service for a further period of two years. |
| **Further period of accreditation:** | 22 November 2019 to 22 November 2021 |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 104 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 Calvary Cessnock Retirement Community (the Service) conducted from 30 September 2019 to 4 October 2019.**

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

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

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

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

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

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

**Assessment Details**

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 54 |
| Consumer representatives | 17 |
| Management | 8 |
| Clinical staff | 17 |
| Care staff | 42 |
| Hospitality and environmental services staff | 12 |
| Lifestyle staff | 8 |
| External contractors | 0 |
| Visiting service providers such as allied health professionals | 3 |
| Other | 12 |

**Detailed findings**

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

**Standard 1:   
Consumer dignity and choice Met**

**Consumer outcome:**

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

**Organisation statement:**

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

**Summary of Assessment of Standard 1:**

The Assessment Team found that all of the requirements in relation to Standard 1 were met.

Of the consumer and representatives randomly sampled and asked if they think staff treat all consumers with dignity and respect 100% said always or most of the time. Although there was 100% response that staff treat consumers with dignity and respect always or most of the time there was some feedback given by consumers and representatives, and observations made of some staff practices, where the dignity and respect of consumers were compromised. The service advised consumers are regularly invited to provide feedback to management by means of using the service’s feedback forms, completing regular surveys and at the monthly consumer/representative meetings.

There are a large number of consumers that are from different cultural backgrounds in the service. Even though the consumers don’t identify with their cultural backgrounds, when staff were asked if they were caring for any consumers from a different cultural background, some staff advised that they didn’t know. The service was able to demonstrate they are developing cultural days and fact sheets on the different cultural backgrounds of the consumers in the service. The organisation has also developed a Diversity and Inclusive Framework which the service advised will be rolled out to all Calvary staff by the end of 2019. The pastoral care team was able to demonstrate how they provide assistance to consumers with their spiritual, psychosocial and emotional care needs.

The service was able to demonstrate how they support consumers to be able to maintain relationships of choice in the service. Some consumers interviewed said they are supported to continue with activities of daily living, which carry some risks. Management and staff said they understood consumers have the right to take risks and there are processes to assess and manage the risks.

During interviews there was mixed feedback by consumers and their representatives, around each consumer being supported to exercise choice and independence. The majority of consumers said they could not recall being asked about their making decisions about when family, friends, carers or others should be involved in their care and/or making decisions about their own care and the way care and services are delivered.

While good staff practices in maintaining a consumers’ privacy was observed, this was not consistent. Some staff were observed to speak inappropriately about consumers in public areas of the service and this was raised with the management team who stated they will address this with staff.

**Requirements:**

**Standard 1 Requirement 3(a) Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

**Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

**Standard 1 Requirement 3(c) Met**

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

**Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

**Standard 1 Requirement 3(e) Met**

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

**Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

**Standard 2:   
Ongoing assessment and planning with consumers 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:**

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

**Summary of Assessment of Standard 2:**

Management and staff described processes for initial and ongoing assessment and care planning and demonstrated some understanding of partnering care with the consumers. However, care plans are not effectively communicated and readily available to consumers. Review of documentation shows while assessments and care plans are being completed routinely, some are inaccurate, or reassessment does not occur and does not consistently identify care needs. While care plans include some consideration of risks to the consumer’s health and well-being, effective strategies do not always inform the delivery of safe and effective care and services for the consumer. Care plans are generic in nature and lack interventions that reflect consumers’ individual needs.

**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:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

**Standard 2 Requirement 3(d) 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) 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:**

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**Summary of Assessment of Standard 3:**

It has not been demonstrated that personal or clinical care for consumers is best practice, is tailored to their needs or that it optimises their health and well-being. While the service has organisational policies and procedures which mostly reference best practice, through interviews with management and staff, observations made and review of consumes’ care and service records, the Assessment Team identified that these have not been followed to support the delivery of safe and effective personal and clinical care for those consumers.

Positive feedback was received from consumers and representatives about consumers’ personal and clinical care. However, observations, review of consumers’ care and service records, and interviews with management and staff show effective management of high impact or high prevalence risks for each consumer is not always occurring. Deterioration and changes in consumers health and function is not responded to in a timely manner.

**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:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

**Standard 3 Requirement 3(b) Not Met**

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

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

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

**Standard 3 Requirement 3(d) 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) Met**

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

**Standard 3 Requirement 3(f) Met**

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

**Standard 3 Requirement 3(g) Met**

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**Standard 4:  
Services and supports for daily living 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:**

1. 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 six of seven requirements in relation to Standard 4 were met.

Consumers interviewed said they are generally satisfied with the services they receive especially in relation to daily living. Each consumer has a profile with five things they want people to know about them. Leisure and lifestyle staff support consumers in one-to-one sessions and through group activities. Consumers are able to access activities in the community and community groups visit the service.

Pastoral care supports the emotional, spiritual and psychological wellbeing of consumers by meeting with them individually and through the provision of group activities.

The use of an electronic clinical management system has assisted in communicating the needs and preferences of consumers within the organisation. Visiting health professionals are able to access information about consumers that is current. Timely referrals are made to a range of organisations and health professionals. The service provides safe, suitable clean and well-maintained furniture and equipment.

However, the service did not adequately demonstrate it provides meals of a suitable quality for consumers. The Assessment Team finds this requirement is not met due to the volume of negative feedback from consumers about their satisfaction with meals. The assessment team acknowledges that improvements have been commenced by the service but need more time and fine tuning to address consumers concerns.

**Requirements:**

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

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

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

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

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

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

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

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

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

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

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

**Standard 4 Requirement 3(f) Not 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:**

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

**Summary of Assessment of Standard 5:**

The Assessment Team found the organisation was able to demonstrate all requirements in Standard 5 were met.

Consumers say the service environment is welcoming to them, their friends, family and visitors. Consumers stated they enjoy the gardens in the courtyards and around the service, which provide pleasant outlooks. Consumers stated they are able to find their way around their lodge and are able to visit other areas as needed.

The majority of consumers stated they feel at home always or most of the time however five consumers stated they only feel at home some of the time; they expressed different views of living at the service but generally indicated they would rather be living in their own home.

The organisation has been renovating the older lodges and has plans for further refurbishment. The service's environment reflects the safety and comfort needs of consumer’s including comfortable temperatures, noise and light levels, sufficient and appropriate furniture. Consumers have safe, easy access to level internal and external areas that are tidy and well maintained. They can move easily about the service and have access to the outdoor environment.

Consumers say they have access to a range of equipment and furnishings that meet their needs and preferences. The preventative maintenance program is in place for all furniture and equipment to ensure they are well maintained, safe and clean. Staff are able to explain the process for registering equipment which needed repair or maintenance and how equipment is replaced if required.

**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:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

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

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

**Standard 6:  
Feedback and complaints 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:**

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

**Summary of Assessment of Standard 6:**

The Assessment Team found the organisation was able to demonstrate that two of the four requirements in Standard 6 were met.

The organisation demonstrated consumers know how to give feedback and make complaints and feel safe and comfortable doing so. The organisation was able to demonstrate consumers have access to advocates, language services and other methods for raising and resolving complaints.

The Assessment Team saw evidence of complaints about cleaning, laundry services and food have been resolved or are in the process of working towards resolution. For example, there is a new cleaning contractor in place, food focus group meetings and multiple actions to improve the food services are being actioned and there is a plan to build an onsite laundry, however there is lack of awareness of addressing individual consumer feedback and complaints.

Whilst the Assessment Team acknowledges consumers had different experiences in relation to their complaints, the organisation was unable to demonstrate appropriate action is taken in response to some consumer’s complaints and an open disclosure process is used when things go wrong. Consumers expressed dissatisfaction with responses or lack of response to complaints they have raised. The organisation was unable to adequately demonstrate that 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) 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:**

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

**Summary of Assessment of Standard 7:**

The Assessment Team found four of five requirements under Standard 7 were met.

The Assessment Team was provided with mixed and at times conflicting information about the staffing of the service. Management have made significant changes, some of which are very recent to the roster structure, management oversite and rostering technology. The Assessment Team received positive feedback from consumers about the care and services they are receiving for example:

* Of consumers randomly sampled 95% agreed that staff most of the time or always know what they are doing.
* Five % of consumers stated the staff know what they are doing some of the time and this related to staff calling out information about consumers across the dining room. This was discussed with management who took actions to address the behaviour of staff.
* 100% of consumers randomly sampled stated the staff are kind and caring always or most of the time.
* Consumers said, “people are very kind, they are like family” and “I feel like the staff are family”.
* Some consumers stated they think more staff are needed and at times the service is short staffed.

Staff provided feedback that at time the are short of staff. Management stated they have been working to address this with the employment of new staff and the reduction in the number of open beds.

The service cannot demonstrate that monitoring and review has occurred to ensure the workforce is competent and has the knowledge to effectively perform their roles. Clinical staff do not demonstrate adequate knowledge and skills to effectively investigate consumer incidents and falls and to develop preventative strategies. Staff do not adequately assess and monitor consumers wellbeing and identifying clinical risks. For example, pain and continence issues and impacts on consumer’s behaviour. There is limited evidence of training in aspects of assessing and caring for those with a mental health diagnosis.

There are recruitment and training processes to support the employment of new staff and to ensure existing staff maintain essential skills for example fire safety, manual handling and infection control. There are annual performance reviews of staff and other methods for monitoring staff performance through observation of work practices and training programs.

**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) 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) 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 is undertaken.

**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:**

1. 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 three of five requirements under Standard 8 were met.

The organisation demonstrated how they involve consumers and their representatives in the delivery and evaluation of care and services. Some consumers confirmed they are involved in care planning, delivery and evaluation of care.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risk from an organisational and consumer perspective. There are organisation wide governance systems to support information management, the workforce, compliance with regulation and clinical care. An organisational clinical governance framework is in place.

Systems for continuous improvement and regulatory compliance were not found to be effective. Items on the continuous improvement register had not been actioned and closed, and there was no evidence of evaluation of the effectiveness of the actions. Recommendations from a medical review of medication usage were not included on the continuous improvement register. The requirement to inform the authorised representative before the commencement of the chemical restraint where practicable has not been met.

**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) Not Met**

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

**Standard 8 Requirement 3(d) Not Met**

The organisation demonstrates effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. 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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.