Calvary The Brelsford

Performance Report

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**Commission ID:** 2821

**Provider name:** Calvary Aged Care Services Pty Ltd

**Assessment Contact - Site date:** 15 February 2022

**Date of Performance Report:** 24 March 2022

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment conducted 15 February 2022, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 21 March 2022.
* The previously Non-compliant requirements of the Quality Standards were not assessed during this Assessment Contact and therefore remain Non-compliant. These requirements include 2(3)(e), 5(3)(c), 8(3)(a) and 8(3)(b).

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### 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.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team found that most sampled consumers and their representatives considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team interviewed consumers and representatives and found that although feedback from consumers and representatives was mostly positive, review of care and service files reflected that some consumers deemed high risk, were experiencing falls and behavioural incidents on an ongoing basis with high prevalence.

The Assessment Team interviewed representatives for consumers who were unable to demonstrate an understanding of strategies in place at the service to mitigate these risks and therefore deliver personal and clinical care to consumers that was safe and effective, and right for the consumer.

The Quality Standard is assessed as Non-compliant as two of the specifically assessed requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate that each consumer gets safe and effective personal care, and clinical care that is best practice, tailored to their needs and which optimises their health and wellbeing. Although feedback from consumers and representatives interviewed was mostly positive, care documentation reviewed demonstrated that strategies to support behaviour for some high-risk consumers were not implemented or evaluated for effectiveness. The service did not recognise that chemical restraint was implemented for some consumers at the service and therefore legislative requirements for the use of chemical restraint, such as restrictive practice assessments, monitoring, review processes, consent and behaviour support plans were not in place for all consumers.

The Assessment Team spoke to management at the entry meeting, who said that there were no consumers currently subject to chemical restraint. There was no documentation for the use of chemical restraint at the service at the time of the assessment. The Assessment Team reviewed the psychotropic self-assessment which indicated that there were 15 consumers who were prescribed psychotropic medications for the condition ‘’schizophrenia/ psychotic states’’ and 11 consumers who were diagnosed with non-specific ‘’mood and effective disorders.’

The approved provider responded to the Assessment Team’s report and advised that they have commenced implementing a number of initiatives to improve the consistent delivery of personal care and clinical care to consumers. These initiatives include improved communication and consultation with families for care evaluation/conferencing with GP participation, undertaking comprehensive reviews of consumers including triggers for behaviours of concern and further development of behaviour support plans. The service will also include education for staff for pain management, behaviour management and restraint/psychotropic medication.

I acknowledge the work that the approved provider is initiating and understand this may take some time to see immediate results. However, I find at the time of assessment the approved provider is not compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### The Assessment Team found that the service demonstrated an understanding of the current high impact and high prevalence risks at the service and documentation showed their policies in assessing and implementing strategies to minimise these risks were followed. The Assessment Team observed that the ongoing evaluation of implemented strategies did not adequately reduce risk and minimise their recurrence, which for some consumers, meant multiple falls and behavioural incidents. The number of falls occurring on a monthly basis at the service remains high and consumers and their representatives are not fully aware of or involved in re-evaluating implemented strategies.

The monthly incident and infection report identified 14 consumers who had experienced more than one fall during the month of January 2022, the number of falls each consumer had experienced and the injuries sustained for each fall. The list did not include an evaluation of existing falls prevention strategies in place for these consumers or additional strategies implemented since the falls.

The approved provider responded to the Assessment Team’s report and advised that they will deliver a number of education sessions over the next four weeks to address the issues raised in the report. These education sessions will include incident management with review and evaluation, incident form completion highlighting prevention strategies, high impact risk identification, falls management procedures, delirium screening tool post falls, behaviour identification and management and assessment and care plan and progress note revision.

I acknowledge the work that the approved provider is initiating and understand this may take some time to see immediate results. However, I find at the time of assessment the approved provider is not compliant with this requirement.

# STANDARD 5 Organisation’s service environment

### 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.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The Assessment Team found that overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team interviewed consumers and representatives who described that the service is welcoming and supports their wellbeing. Consumers interviewed confirmed that the service is clean and well maintained. Consumers interviewed confirmed that they feel safe at the service. They said the staff are kind and they are satisfied with the care they receive. Consumers felt satisfied that the staff have the skills and knowledge required to look after them and said that staff know them and what they need.

Consumers interviewed stated that they were happy living at the service. They confirmed that their visitors are made to feel welcome and gave examples of how staff help to welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them. Consumers said there are plenty of areas they can meet with privacy and comfort.

Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.

The Assessment Team observed the service environment to be welcoming. The lounge, dining and activities areas have comfortable furniture. The service also has lifts to facilitate movement between the ground floor and the lower ground floor.

The Quality Standard does not have an overall rating as only one specific requirement was assessed.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The Assessment Team observed the living environment to be clean, comfortable and well maintained. Consumers’ rooms were personalised with their own photographs, ornaments and memorabilia. The service's environment reflects the safety and comfort needs of consumers including comfortable temperatures, noise and light levels, and sufficient furniture. The Assessment Team observed the environment to be safe, clean and well maintained. There is a cleaning schedule and the environment was seen to be clean and uncluttered. Cleaning staff were observed to be cleaning consumer rooms, common areas and shared bathrooms and toilets throughout the assessment. Maintenance staff were observed to be undertaking jobs as per maintenance/log requests.

The Assessment Team observed the fire evacuation instructions and illuminated emergency exits are displayed and fire-fighting equipment is readily available. The Assessment Team noted that consumers have easy access to call bells in their rooms and call bells are tested and maintained regularly.

I have found that the approved provider is compliant with this requirement.

# STANDARD 6 Feedback and complaints

### 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.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found that overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

The Assessment Team interviewed consumers and representatives who said they felt comfortable to make a complaint and felt safe to do so. This could be in writing, or in person to a staff member or management who have an ‘open door’ policy. Information on complaints mechanisms, including external mechanisms is available throughout the service.

The Assessment Team observed feedback was recorded in the complaints register that action had been taken to resolve concerns and staff demonstrate open disclosure where applicable. Actions had been undertaken to endeavour to make sure these issues did not occur again.

The Assessment Team identified that there are established processes for the management of feedback and complaints. Management and staff demonstrated an understanding of preferred practices which is confirmed through the sample review of complaints documentation.

The Quality Standard does not have an overall rating as only one specific requirement was assessed.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment found that the service has systems and processes to support the review of feedback and complaints and uses this information to improve the quality of care and services provided. Complaints and feedback are reviewed and used to improve the quality of care and services. Examples were given of improvements to the services based on consumer/ representative or staff feedback.

The Assessment Team interviewed consumers and representatives who confirmed they are satisfied with the outcome of their complaints and the quality of care provided to them. They indicated management considers their feedback. A number of consumers and representatives stated that they felt comfortable to approach any member of staff, at any time, in relation to any complaint or concern.

The Assessment Team sought information from management during the risk-based question “What trends do your complaints data show you?”’, management advised that food and the menu had been identified. Management described the ways in which they had addressed complaints around the service’s food and menu. This included re-assessing the menu’s composition and setting up a food forum that meets monthly and conducting a food satisfaction survey in August 2021 with a response of a 90% satisfaction rating.

I find that the approved provider is compliant with this requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### 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.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The Assessment Team found that most sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, there were some consumers and staff that said the service required an increase in staffing levels and improvement in the clinical skill sets of the registered nurses.

The Assessment Team interviewed consumers and representatives who said they felt staff were knowledgeable about their care needs. However, some felt that the staff could benefit from more training. One consumer said that ‘some staff need to be busier’, and they don’t always get the attention they require. Most consumers interviewed provided positive feedback regarding staff being kind and caring. They gave several examples where staff had sat and talked with them and had gone out of their way to help. This was also observed by the Assessment Team.

Consumers and representatives said staff are responsive to consumers’ needs. They said staff understand consumers’ routines and are reliable as to the time they provide care and support.

The Assessment Team interviewed staff, and some staff expressed concern in relation to staffing numbers and cited the high number of consumers falling.

The Quality Standard is assessed as Non-compliant as two of the three specifically assessed requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found that most consumers and representatives indicated satisfaction with staffing. However, some consumers and representatives raised some concerns about the adequacy of staffing. Review of documentation shows the service employs agency personnel to fill shifts when necessary. However, the service has ongoing vacant shifts that are covered by agency staff and a recent COVID-19 outbreak resulted in significant vacant care shifts. Call bell reports show that call bell response timing was affected by the COVID-19 outbreak and consumers isolating in their rooms for the duration.

The Assessment Team interviewed consumers and representatives who said that they thought staff shortages may contribute to the numbers of consumers falling. One consumer said, ‘the staff needed more training, which should be looked at, they keep gossiping, and there are too many unemployed staff’.

The Assessment Team interviewed staff and some staff believe staff shortages and the large geographical foot print of the service’s building contribute to the number of consumer’s falling. One staff member interviewed said that the service employed new graduate nurses and registered nurses whose clinical skills were ‘lacking. Staff said they felt exhausted and had worked ‘short’ over the past few weeks and that applications for leave had not been granted. This was discussed with management who said staff had been supported by the Clinical Care Coordinator (CCC) and Registered Nurses in providing care, and leave was granted on the basis of identified needs for both consumers and staff.

The approved provider responded to the Assessment Team’s report and advised that the service currently has decreased occupancy and staffing is reflective of operational requirements, however they are still actively recruiting to ensure the workforce is enabled. The call bell response times are now viewed daily and investigated if exceeding 7 minutes.

I acknowledge the approved provider’s response, however do not find at the time of assessment that the workforce was 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, therefore resulting in an increase in consumer falls.

I find that the approved provider is not compliant with this requirement.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found that most consumers and/or representatives interviewed said staff are trained and equipped to deliver their care and services. However, one consumer representative, said that staff were not always able to manage her husband’s behaviour. Staff were able to provide examples of training they have completed; however, they expressed some concern in relation to the experience of some of the service’s registered nurses. Review of training documents identified that training is mostly up to date and the service is responsive to training needs following feedback and areas of potential risk.

The Assessment Team interviewed consumers and representatives and found some were not were not satisfied with the numbers of staff at the service. However, they did not indicate any concerns on the skills or knowledge of staff attending to their care needs. One consumer thought the staff needed more training in ‘care’.

The Assessment Team interviewed staff who expressed concern in relation to the level of skill some registered nurses had as well as the ‘agency’ staff attending the service. Staff gave the example of having to ‘show them everything including how to use the lifting equipment’. Some staff expressed that they had been disgruntled with the service until the new Manager had commenced and are now feeling supported and have noticed a change in the culture with staff working together.

The approved provider responded to the Assessment Team’s report and advised that they are actively increasing the workforce knowledge and skill through additional education related to behaviour management, high impact and high prevalence risks and additional education to ensure that the workforce is trained, equipped and supported to deliver the outcomes required by these standards. The service will also include discussion of recruitment and staffing in the resident and representative forums to promote business transparency.

I acknowledge the approved providers response and understand the planned initiatives may take some time to see immediate results. However, I find at the time of assessment the approved provider is not compliant with this requirement

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team interviewed staff and management who could describe the performance appraisal process, and all confirmed this has taken place in 2021. Staff could describe how their feedback during this process has been incorporated and how the service has assisted in upskilling.

The Assessment Team identified that the service conducts annual performance appraisals with all levels of the workforce. Staff interviewed confirmed they have received an annual performance appraisal and the process is supportive of their development. Staff described management offering training in areas they would like to develop.

Management demonstrated how staff performance is monitored and reviewed daily. All feedback from consumers regarding staff conduct is investigated and discussed with the individual staff members involved, and training is provided when required.

I find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### 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.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

During the last assessment visit, the Assessment Team identified that organisation wide governance was not effective in a number of the areas. While improvements have been made, gaps remain in information management, continuous improvement, and regulatory compliance.

The Assessment Team identified that the service now has systems in place for managing high-impact and high-prevalence risks associated with the care of consumers and for supporting consumers to live their best life.

The Quality Standard is assessed as Non-compliant as two of the specifically assessed requirements were assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate effective organisation-wide governance systems in the key areas of information management, continuous improvement, and regulatory compliance.

#### The Assessment Team interviewed staff who advised they access information about policies and procedures online or in hard copy. These staff could not locate hard or electronic versions of requested policies, for example the dignity of risk or care planning policies. One staff member said they would benefit from training on how to access policies in the electronic system.

The Assessment Team found that some opportunities for continuous improvement identified through the last site visit are not reflected in the organisation’s continuous improvement plan (CIP) and had not been rectified at the time of this visit. This included the staff inability to access and locate staff meeting minutes and the completion of risk management assessments for mobility and external outings.

The Assessment Team identified that there were some areas of regulatory compliance that were lacking and not understood by staff, this included restrictive practices and chemical restraint, with a lack of documentation related to the use of chemical restraint.

The approved provider responded to the Assessment Team’s report and advised that the hard copy policies and procedures for high impact and high prevalence risks were removed during Covid to reduce high touch points, however have now been replaced. A memo has been sent to all staff advising them of this and other staff information. The provider has recognised that they require more detailed analysis in the monthly reports around the context of infection data and this opportunity has been discussed with the Clinical Care and Home Manager in the monthly review. The provider has also identified an opportunity to provide education to registered nurses on infection recording for better analysis.

I acknowledge the response and opportunities that they have identified, however find that the approved provider is not compliant with this requirement at the time of assessment.

### Requirement 8(3)(d) Non-compliant

*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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that while the while the service described their risk management systems and staff described how they apply these systems in their day-to-day practice, individual consumers’ risks were not identified or managed.

The Assessment Team identified a number of consumers whose risks were not appropriately identified and or managed with risks including falls and behaviours of concerns, chemical restraint requirements, management of the risk of consumers leaving the service for unaccompanied outings and risks associated with the use of an electric wheelchair within the service.

The approved provider responded to the Assessment Team’s report and advised that they will be improving risk management with the education series that will assist to address the issues and risks that have been identified during this assessment.

I acknowledge the response that has been provided and understand that it may take some time to see immediate results. However, I find at the time of assessment the approved provider is not compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 3(3)(a) Non-compliant

*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.*

The approved provider must demonstrate:

* Consumers get safe and effective personal care, and clinical care that is best practice, tailored to their needs and which optimises their health and wellbeing.
* Care documentation demonstrates strategies to support behaviours for high-risk consumers are implemented, reviewed and evaluated for effectiveness.
* Chemical restraint meets legislative requirements including restrictive practice assessments, monitoring, review processes, and consent and behaviour support plans in place for all consumers.
* Education and training provided to staff for demonstrated understanding of the legislation related to restrictive practices and chemical restraint.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### The approved provider must demonstrate:

* Strategies for high impact and high prevalence risks are identified, assessed and have ongoing evaluation to reduce risk and minimise their recurrence.
* Education is provided to staff to address the high impact and high prevalence risks.

### Requirement 7(3)(a) Non-compliant

*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.*

The approved provider must demonstrate:

* Ongoing vacant shifts are filled to ensure the delivery and management of safe and quality care and services.
* All staff have appropriate training to deliver quality care and services.

### Requirement 7(3)(d) Non-compliant

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

The approved provider must demonstrate:

* Staff have the training to enable them to manage behaviours of concern and provide non pharmological strategies
* Staff including agency staff are provided appropriate training to deliver safe care and services to consumers.

### Requirement 8(3)(c) Non-compliant

*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.*

The approved provider must demonstrate:

* There are effective organisation-wide governance systems in the key areas of information management, continuous improvement, and regulatory compliance.
* Staff have ready access to information about policies and procedures online or in hard copy and access to staff meeting minutes.
* The organisation’s continuous improvement plan (CIP) is updated and actioned.
* Staff have demonstrated understanding in areas of regulatory compliance including restrictive practices and chemical restraint and have documented consents related to the use restrictive practices and chemical restraint.

### Requirement 8(3)(d) Non-compliant

*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*
4. *managing and preventing incidents, including the use of an incident management system.*

The approved provider must demonstrate:

* Consumer’s risks are identified, assessed and strategies are put in place and are evaluated to prevent reoccurrence.

# Other relevant matters

The following requirements that have previously been assessed as Non-compliant were not assessed in this Assessment Contact and therefore remain as Non-compliant until an additional assessment is completed on these requirements.

### Requirement 2(3)(e)

*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.*

### Requirement 5(3)(c)

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

### Requirement 8(3)(a)

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b)

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*