Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Central & Upper Burnett District Home for the Aged Hostel |
| **RACS ID:** | 5089 |
| **Name of approved provider:** | The Central & Upper Burnett District Home for the Aged |
| **Address details:** | 46 Capper Street GAYNDAH QLD 4625 |
| **Date of site audit:** | 23 July 2019 to 25 July 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 11 September 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:** | 10 October 2019 to 10 October 2020 | |
| **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 | | 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 | | Not Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Not Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 09 December 2019 | |
| **Revised plan for continuous improvement due:** | By 27 September 2019 | |

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

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Central & Upper Burnett District Home for the Aged Hostel (the Service) conducted from 23 July 2019 to 25 July 2019.**

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers/representatives | 14 |
| Board chair | 1 |
| Facility manager | 1 |
| Care manager | 1 |
| Systems coordinator | 1 |
| Registered staff | 2 |
| Care staff | 10 |
| Dietician | 1 |
| Lifestyle Coordinator | 1 |
| Lifestyle officer | 1 |
| Volunteer | 1 |
| Maintenance supervisor | 1 |
| Catering manager | 1 |
| Support services staff | 6 |

## 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:

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:

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 the service has met all six requirements under Standard 1.

Consumer experience interviews show that 100% of consumers agreed that staff treat them with respect most of the time or always and agreed or strongly agreed with the statement ‘I am encouraged to do as much as possible for myself’. The service uses informal and formal feedback mechanisms such as meetings, complaints processes and case conferences to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and provided examples of consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds, and in celebrating and acknowledging days of significance to the consumers. Consumer preferences are respected and incorporated into care delivery.

Staff could provide meaningful examples of how they help consumers make choices, including how they respect their rights to take risks. Consumers said they are able to make decisions about their life and can involve others in decision making.

Consumers said the organisation protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. The service demonstrated how electronic and hard copy information systems support the protection of confidential information including consumer information, 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 Not Met

#### Consumer outcome:

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:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that three of five requirements in relation to Standard 2 were met.

Of consumers randomly sampled, 100% agreed they get the care they need most of the time or always. Consumers said they were satisfied with the initial and ongoing assessment and planning of their care and this helps them to get the care and services they need. Consumers reported feeling safe and confident that staff listen to their goals and preferences, and that the organisation seeks input from other professionals to ensure they get the care and services to meet their needs.

In consideration of risk, the Assessment Team were not satisfied staff complete planned assessments and implement risk management strategies to ensure consumers are as safe as possible. This was evidenced through lack of consistency with staff practice in assessment, care planning and implementation of risk management strategies. Review and monitoring processes had not identified the inconsistency and management were not aware it was occurring.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and review the plan regularly. Consumers reported they know what their planned care and services are and their family and carers are involved in the care planning process to the degree they wish. The service is introducing a process to allow consumers and families access to their care plans.

The Assessment Team were not satisfied that care and services provided to consumers are reviewed for effectiveness when incidents impact on their needs. Incidents impacting on needs and preferences were not consistently identified. Management confirmed they were not aware of the number of incidents at the service as staff had not followed the reporting process.

#### 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) Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:   
  
i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and   
  
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

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

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

The Assessment Team were not satisfied consumers get safe and effective personal and clinical care. A sample of consumers’ files and medication charts did not demonstrate they are provided with care that is best practice, tailored to their needs or optimal to their health. Staff did not demonstrate they understand the risks associated with the care of consumers in the service and monitoring processes had not identified inconsistencies in risk management.

Staff could describe how they ensure that information is shared both within the organisation and with others outside the organisation. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care plans and documentation reviewed indicated the care of consumers who were palliating was reflective of their needs and preferences for end of life and inclusive of consultation with consumers, their representatives and health professionals.

However, the Assessment Team were not satisfied that a deterioration or change in consumer’s condition or capacity is recognised and responded to appropriately. Consumers’ files did not demonstrate their needs are reviewed following a change in condition. Monitoring processes had not identified inconsistencies in follow up and review.

The service demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

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

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

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

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

##### Standard 3 Requirement (g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
i) standard and transmission-based precautions to prevent and control infection; and   
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### Consumer outcome:

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:

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 the service met six of the seven requirements in relation to Standard 4.

Consumer experience interviews show 100% of consumers and representatives randomly sample, agreed staff explain things to them and that they are encouraged to do as much for themselves as possible.

Consumer experience interviews show 100% of consumers and representatives randomly sampled, agreed consumers enjoy the food always or most of the time.

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

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

However, the service did not adequately demonstrate that its services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Emotional support was not documented, and staff did not adequately address the emotional well-being of consumers. The service did not adequately demonstrate the services and support for daily living provided at the service are monitored and reviewed, or that improvements are made where needed.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that services and supports for daily living assist each consumer to:   
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

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

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

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

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

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

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

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

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

I feel I belong, and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

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 service met all three requirements in relation to Standard 5.

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

Consumers said:

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

100% of respondents to a consumer experience interview agreed they feel at home at the service most of the time or always.

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

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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:

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 service met all four requirements in relation to Standard 6.

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

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

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

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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 the service met four of five requirements in relation to Standard 7.

Consumer experience interviews show that 100% of consumers and representatives said consumers get the care they need and staff are kind and caring always or most of the time.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers provided examples of staff engagement with them including staff availability to ensure they are supported and ready for their personal lifestyle choices and attendance to activities of significance to them. Interactions between staff and consumers and other visitors to the service were observed to be kind, caring and respectful.

The service demonstrated there is sufficient, skilled and qualified staff to provide safe, respectful and quality care and services. Recruiting processes ensure suitable staff have relevant qualifications on commencement; further training opportunities are provided to ensure staff have the required knowledge and skills to deliver care and service.

However, whilst staff demonstrated skills and knowledge required of their roles and were familiar with individual consumer’s needs and preferences, the service failed to demonstrate clinical monitoring processes are effective to ensure consumers’ needs are met. For example, staff are not consistently following clinical care directives, or reporting incidents to inform need for reassessment and review.

#### 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) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

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 three of the five requirements in relation to Standard 8 were met.

Consumer experience interviews show that 100% of consumers agree the service is well run. Consumers said they are involved in care planning, delivery and evaluation, providing examples of how this occurs in practice.

The service demonstrated they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are supported on a day to day basis. Consumers representatives confirmed they are involved in care planning and delivery and provided examples of how this occurs.

The organisation’s clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Management and staff interviewed had a shared understanding of the requirements, providing practical examples of how they are applied in practice.

The service demonstrates there are effective governance systems to support the pursuit of continuous improvement, financial stewardship and the management of feedback and complaints. However, the service did not demonstrate that the other requirements in relation to this Standard were met.

Specifically, the service failed to demonstrate systems relating to information management, workforce governance, regulatory compliance and risk management are effective to ensure safe, quality care and services. For example:

* Communication systems are ineffective, resulting in consumers’ care needs not being met.
* Care documentation, incident reports and medication records are not consistently completed.
* The service’s clinical data collection, analysis and monitoring system is not effective in providing management and staff with current accurate data to inform decisions.
* Processes to monitor compliance have not been effective in identifying and responding to the legislative requirements associated with mandatory reporting.
* The care needs of consumers with challenging behaviours are not managed effectively resulting in behavioural incidents occurring for some consumers.

#### 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 that effective organisation wide governance systems relating to the following:  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure