Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Churches of Christ Care Arcadia Aged Care Service Essendon |
| **RACS ID:** | 3705 |
| **Name of approved provider:** | Churches of Christ in Queensland |
| **Address details:** | 120 McCracken Street ESSENDON VIC 3040 |
| **Date of site audit:** | 26 November 2019 to 28 November 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 24 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 22 February 2020 to 22 February 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

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

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this Site Audit 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 Churches of Christ Care Arcadia Aged Care Service Essendon (the Service) conducted from 26 November 2019 to 28 November 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |

Consumers 14

Representatives 7

Care staff 4

Catering staff 1

Chaplain 1

Chef 1

Cleaning staff 1

Clinical manager 1

Endorsed enrolled nurses 4

Lifestyle staff 2

Maintenance officer 1

Physiotherapist 1

Regional support manager 1

Registered nurses 4

Service manager 1

Volunteer 1

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met the six requirements under Standard 1.

Consumer experience interviews highlighted 100% of consumers and representatives agreed that staff treat them with respect, encourage them to do as much as possible for themselves and explain things, all or most of the time.

The service demonstrated consumers are treated with dignity and respect, and that management and staff are aware of culture inclusion practices. The Assessment Team observed a range of positive and engaging interactions between staff and consumers during meal times, activities and while assisting with care. Some staff were observed to speak Italian and Spanish with consumers who come from Italy and Spain/South America. The service fosters and promotes social and intimate relationships and have a couple who share a room together. The service has policies and procedures accessible for staff in relation to privacy and confidentiality and staff could provide good examples of how they practice these in their job roles.

Staff provided examples of how they support and assist consumers to make informed choices in relation to their own care. Care plan review confirmed detailed assessments that includes the choices and preferences of the consumer. Consumers gave examples of how being able to make choices and remain independent is important to them.

Consumers and representatives discussed how staff are mindful, kind and respectful when providing personal and clinical care. Management said they monitor this through observation of staff practices, audits, surveys and feedback mechanisms to inform their continuous improvement plan for consumers.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

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

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

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

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

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

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

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met the five requirements under Standard 2.

The service demonstrates the consumer is a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being. Of consumers and representatives randomly sampled for the consumer experience report 100% said consumers have a say in their daily activities most or all of the time. Feedback through other interviews with consumers and representatives was consistent with this high level of satisfaction. Consumers are confident that staff listen to their goals and preferences and that the service gets input from other professionals to ensure consumers get the right care and services to meet their needs.

Management and staff could describe how medical practitioners, allied health professionals and family work together with the consumer to deliver a tailored care and service plan and monitor and review the plan as needed.

Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, and used to inform changes to the consumer’s care.

Consumer files reviewed by the Assessment Team demonstrate that plans provide current information, have been developed and regularly reviewed by registered nurses and updated in response to changes in the consumer.

Management demonstrated assessment and planning processes to address consumer’s needs, goals and preferences relating to advanced care and end of life planning if the consumer wishes.

#### Requirements:

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

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

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

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

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

The organisation demonstrates that assessment and planning:

(i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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

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

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

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

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found the service has met the seven requirements under Standard 3.

The service demonstrates they provide and understand how to deliver safe and effective personal and clinical care. Of consumers and representatives randomly sampled for the consumer experience report, 100% said they get the care they need and feel safe most of the time or always. Feedback through other interviews with consumers and representatives was consistent with this high level of satisfaction. Consumers provided examples of what care and safety meant to them and how the service meets these needs.

Staff and management could describe the process used to tailor both clinical and personal care to the individual to optimise their health and wellbeing. Management demonstrated how information is shared both within the service and with others outside the service. Staff demonstrated a working understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Management demonstrated their internal processes for identifying high prevalence risks and how these risks are monitored and reviewed on an ongoing basis.

Care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care, including end of life care, wound management, medication management and specialised nursing care. Management demonstrated how timely and appropriate referrals to other health services occur for consumers and how relevant correspondence is included in care plans.

The service demonstrated how ongoing reviews are conducted in consultation with the consumer or representative and ensure personal and or clinical care is safe and right for each consumer. Management demonstrated how policies relating to clinical care are informed by industry best practice and accessible to staff.

#### Requirements:

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

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

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

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

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

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

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

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

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

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

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

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives randomly sampled for the consumer experience report, 100% said they are encouraged to do as much as possible for themselves and that consumers like the food at the service most of the time or always. Although some consumers expressed the toast delivered in their room is often cold, a preference to have more pasta and fish and brussel sprouts are too soft.

Interviews with consumers, representatives and staff provided examples in relation to how the service encourages emotional, spiritual and psychological wellbeing and what this means for them. Consumers said they can practice their religion and attend the chapel service. Consumers said they enjoy the Chaplin offering support and listening to their needs. Lifestyle staff and the Chaplin described how they identify and provide one to one engagement for consumers and respective families especially in times of crisis and palliative phases of care.

The service demonstrated it has community links that engage consumers to the wider community. This includes a playgroup, primary and high school intergenerational program. The service also provides social events for consumers, sons and daughters and a special spouse luncheon. Consumers can come and go as they please after consultation and risk assessment. Consumers provided examples of how they are able to shop outside at local patisseries and visit local shops to buy fresh fruit.

The maintenance officer discussed how equipment is safe, clean and maintained. Staff and consumers confirmed the maintenance officer is meeting the consumers’ needs.

The Assessment Team identified an opportunity to strengthen monitoring and reviewing processes to ensure all consumers who participate in activities of interest are documented and consumers are monitored on a daily basis to capture engagement in any activity.

#### Requirements:

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

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

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

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

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

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

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met all three of the requirements in relation to Standard 5.

Consumers expressed satisfaction with the environment and confirmed that they feel safe and comfortable. For example, of consumers and representatives randomly sampled for the consumer experience report, 100% said they feel safe and 94% said they feel at home most of the time or always. Six percent said they only feel at home some of the time, despite everything the service does to make them feel welcome and comfortable.

The service was observed to be welcoming, clean and well maintained. Consumers were observed to move freely around the service, utilising the sitting areas, dining spaces, chapel and hair-dressing salon to engage, relax and socialise. Consumers on the ground floor, including the secure memory support area, had free and open access to outdoor courtyards with gardens, shade, outdoor furniture and a water feature. Consumers on the first floor could access these courtyards via a lift which required a pin-code. Information about how to use the lift and the code is available next to the keypad. Consumers who are unable to use the lift independently are assisted by staff.

The service has procedures to ensure the environment is safe, clean and well maintained. Dedicated staff and approved contractors oversee the routine and preventative maintenance system. Staff interviewed confirmed their understanding of these systems and confirmed consumer preferences are a priority.

Management proactively assess and improve the environment through encouraging consumer feedback and conducting environmental audits. The service has approval for a refurbishment and renovation project starting early 2020.

#### 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 Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the service met four of the requirements under Standard 6.

Of consumers and representatives randomly sampled for the consumer experience report, 94% said staff follow up when they raise things with them most of the time or always. Consumers and representatives reported overall, they are assisted and encouraged to provide feedback and or complaints. However, a representative said at times they felt concerned of reprisal. Management spoke with this representative and the consumer on the day of the site audit and have been working towards a resolution. Management said the representative is happy with the process so far.

The service provides a range of meetings for consumers and their representatives to provide feedback and raise issues and or suggestions. The service has a variety of feedback forms and a lodgement box at reception. However, there is no lodgement box on the first floor to cater for consumers residing in that area. Management said they would follow this up. There is a procedure that details timeframes for acknowledgement and response to feedback. Information on advocacy and external complaint organisations is displayed and in brochure form. Staff described how they would support consumers to provide feedback and or make a complaint if they were asked to.

The Assessment Team identified the service has various avenues for recording feedback and complaints. However, it was identified not all feedback and complaints had documented actions and resolutions. Management said they will consider using their main electronic system to improve documenting of complaints and enhance trending analysis to inform the service’s continuous improvement system.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met all five of the requirements in relation to Standard 7.

Consumers and representatives provided numerous positive comments about staff. Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff are kind and caring, and know what they are doing most of the time or always.

The service demonstrated an understanding and application of these requirements in various ways. The service has a base workforce roster that reflects consumers’ care and service needs. The number and skill mix of staff is regularly reviewed and has recently increased in response to consumer feedback and in consultation with staff. Staff interviewed confirmed attendance to a range of education, including the Aged Care Quality Standards and said that consumer choice and respect is paramount in care. The Assessment Team observed respectful staff interactions with consumers throughout the visit.

The organisation’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annaully and additional training when additional training needs are identifed. Staff interviewed confirmed attendance to a range of education. The service uses a range of processes to monitor staff performance including observations, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

The service monitors and reviews its performance in relation to these requirements. Regular meetings, audits and consumer surveys are used to ensure consumers get quality care and services from knowledgeable, capable and caring staff.

#### Requirements:

##### **Standard 7 Requirement 3(a) Met**

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service has met all five requirements in relation to Standard 8 Organisational governance.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled for the consumer experience report, 100% said the home is well run most of the time or always.

The service demonstrated an understanding and application of these requirements in various ways. The service consult consumers and their representatives in the development, delivery and evaluation of care and some services. Consumers have been consulted about the menu, lifestyle program and environment.

The organisation’s governing body has systems to promote a culture of safe, inclusive and quality care and service. The governance structure including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, including allegations of assault are also identified, managed and reported when required. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

#### Requirements:

##### **Standard 8 Requirement 3(a) Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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) 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.