Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Embracia in Reservoir |
| **RACS ID:** | 3563 |
| **Name of approved provider:** | Embracia Victoria Pty Ltd |
| **Address details:**  | 65a Glasgow Avenue RESERVOIR VIC 3073 |
| **Date of site audit:** | 10 September 2019 to 12 September 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 18 October 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:** | 18 November 2019 to 18 November 2022 |
| **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 Embracia in Reservoir (the Service) conducted from 10 September 2019 to 12 September 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 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 | 21 |
| Consumer representatives  | 15 |
| Management | 2 |
| Clinical staff | 5 |
| Care staff | 6 |
| Hospitality, environmental services and maintenance staff | 4 |
| Lifestyle staff | 3 |
| Students | 2 |
| Education and learning and development manager | 1 |
| Visiting service providers such as allied health professionals | 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:

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

The Assessment Team found the organisation has met all six requirements that were assessed under Standard 1.

Consumer experience interviews show that 88% of consumers agreed that staff treat them with respect most of the time or always. The organisation uses consumer surveys and feedback and complaints mechanism 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 organisation demonstrated that consumers are treated with dignity and respect, and that the organisation promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social connections are supported both inside and outside the organisation. The service promotes the value of culture and diversity through staff training and gathering of relevant, meaningful consumer information. Also, in the range of activities the organisation offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers reported that they feel heard when they tell staff what matters to them and that they are able to make decisions about their life, even when it involves an element of risk.

Consumers are satisfied that the organisation protects the privacy and confidentiality of their information, and 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 and could demonstrate their understanding that consumers receiving personal care can feel vulnerable and what they do to ensure consumers are made to feel respected and comfortable. The service also demonstrated how information technology and filing 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:

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

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Met

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

Standard 1 Requirement 3(f) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

#### The Assessment Team found that the organisation has met all five requirements under Standard 2.

Of consumers randomly sampled, 83% agreed they have a say in their daily activities most of the time or always, and that their direct engagement in the initial and ongoing assessment and planning of their care generally helps them to get the care and services they need. Consumers confirm they feel safe and confident to express their preferences and staff will listen.

Staff described how consumers’ care and services are reviewed on monthly (resident of the day) and bimonthly (care plan evaluation) and partnering with consumers has commenced. Staff also described how changes to preferences and care needs are addressed, and updated how medical officers, allied health professionals, and family work collaboratively with the service and the consumer to ensure care needs are met.

Consumers and representatives reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the organisation will communicate with them and seek their input to update the care and services they are getting. Each of the care and service plans reviewed by the Assessment Team evidence that plans had been regularly reviewed (with changes made). Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, entered in the organisation’s electronic reporting system and reviewed to inform continuous improvement.

The Assessment Team were satisfied that advance care planning and end of life planning formed part of care planning, as evidenced by documentation reviewed by the Assessment Team in consumer files.

#### 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:

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

Standard 2 Requirement 3(d) 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:

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

#### Summary of Assessment of Standard 3:

#### The Assessment Team found that the organisation has met all seven requirements under Standard 3.

Of consumers and representatives randomly sampled, 94% agreed they feel safe most of the time that they are receiving personal and clinical care that is right for them. Consumers and representatives provided various examples of what this meant for them.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the organisation and with others outside the organisation. Staff demonstrated a good working understanding of precautions to prevent and control infection and identified training provided in relation to personal and clinical care.

Consumers’ files reviewed evidenced the delivery of safe and effective care, including attention to the needs of consumers requiring specific and specialised clinical management strategies and end of life needs. Management ensure completion of clinical audits and monitor that referrals are appropriate. Staff practice is guided by the service’s policies. Management communicate to staff through various modes new and changed practices, including risk.

The service demonstrated that they regularly review care plans and previous assessments as scheduled and when there is a change in consumer’s condition including post review of incidents.

#### 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:

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

Standard 3 Requirement 3(b) Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

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

Standard 3 Requirement 3(e) Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

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

Of consumers and representatives randomly sampled:

* 88% agreed consumers are encouraged to do as much as possible for themselves always or most of the time.
* 59% said they liked the meals always or most of the time.

Consumers and representatives said they are satisfied their emotional and spiritual needs are met and they are supported to participate within their community, do things of interest to them and have social and personal relationships.

The service demonstrated each consumer gets safe and effective services and supports for daily living that meet their goals and preferences. Nursing and lifestyle staff adapt ways to support consumers to live the life they want. Staff were observed to engage in respectful interactions with consumers and identified consumers who required additional support.

The organisation monitors and reviews each requirement in this Standard using a regular individual review program, feedback mechanisms and survey results. Incidents for consumers and management are recorded and reviewed regularly. Lifestyle staff monitor and evaluate participation in activities.

#### Requirements:

Standard 4 Requirement 3(a) Met

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

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Met

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

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

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

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

Standard 4 Requirement 3(f) 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the organisation has met two of three requirements under Standard 5.

Consumer experience interviews show:

* 71% of consumers and representatives interviewed said consumers feel at home most of the time or always.
* 94% of consumers and representatives interviewed said consumers feel safe most of the time or always.

Consumers and representatives interviewed described in various ways how the service is welcoming and supports a sense of belonging. Consumers and representatives spoke positively about the cleanliness, maintenance and comfort of the living environment.

The living environment was observed to be welcoming, spacious and comfortable. Consumers have access to quiet areas to meet family and friends and are encouraged to use all areas of the service.

While the organisation demonstrated a safe clean, well maintained and comfortable service environment, the organisation did not demonstrate it enables consumers to move freely, both indoors and outdoors. In ‘Joy’ community, the Assessment Team observed keypad locked doors to and from the wing, and keypads on external doors into courtyards are keypad locked. Some external doors such as that leading from the small communal area at the end of ‘Harmony’ community are kept permanently locked (but auto-release in the event of an emergency). The keypad locks to courtyards are positioned against the wall generally meters away from the door. Management demonstrated processes followed when a consumer is admitted to the service include consumer and/or their representative signing a consent form in relation to keypad locks ‘to the front and back doors and namely the memory support wing ‘Love’, when required.

A preventative and reactive maintenance program ensures a structured approach managing the living environment. Staff demonstrated an understanding of the service’s procedures to ensure a safe living environment. There is a program of audits to monitor the living environment.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Not 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:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met all four requirements under Standard 6.

The service demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints, and, that complaints are reviewed and used to improve services.

Consumer experience interviews show while the majority of consumers/representatives (60%) are satisfied staff follow up when consumers raise things with them, a third responded this occurs only some of the time. Comments included action implemented to address an issue not being maintained and inconsistent practice by newer staff and students. While consumers and representatives were generally satisfied they are supported and encouraged to raise issues of concern, a representative said management direct them to clinical staff and another felt management dislike them from complaining.

Information about internal and external feedback processes is discussed with consumers at entry and information is through handbooks. Consumers are encouraged to raise issues through at meetings and in the newsletter. Forms and brochures relating to internal and external complaints and advocacy services, and lodgement boxes, are situated in the front and back entrances to the service and are available in English and Italian and the language of origin of other consumers living in the service. However, the Assessment Team noted these were not available within the wings of the service.

Staff explained how they raise concerns on behalf of consumers and themselves and said management are responsive to issues raised; this feedback was consistent with results of the last staff survey. Management explained through examples how the service accesses interpreter services.

A review of documented comments and concerns raised over a six month period, show management take action in a timely manner and matters are resolved by consulting with the person who raised the concern. It was noted the service has also received a number of compliments. All feedback is logged onto the continuous quality improvement register which can be accessed by the organisation’s senior management at any time through a shared electronic platform.

The organisation has developed an open disclosure framework and staff are provided with education on what open disclosure means. Management demonstrated working understanding of open disclosure through a recent example.

#### 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:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements under Standard 7.

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

Consumers and representatives provided mostly positive feedback about the workforce. Randomly sampled consumer experience interviews show that 94% of consumers agreed staff are kind and caring, that 88% of consumers agreed staff know what they are doing, and, that 88% of consumers agreed they get the care they need always or most of the time.

Comments from these interviews and other interviews, which indicated similarly high levels of satisfaction, included that staff are mostly available when consumers need them and are friendly and helpful, consistent and knowledgeable about their roles. Some representatives of consumers living in the dementia specific wing expressed dissatisfaction that the care and services provided in this wing was incongruent with the other wings in the service, including staff being under greater pressure, language barriers and the need for further staff training in dementia.

There are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services. Management explained, and documentation confirmed, the service has processes in place for rostering of staff and replacing staff in the roster. The service only uses their own staff to fill unplanned leave. Review of the roster in response to feedback from stakeholders resulted in increases to cleaning and lifestyle staff over weekends. Senior management capacity has been improved through the recently implemented Education and learning manager and Consumer liaison roles.

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

Recruitment, selection and induction processes ensure staff have the required knowledge and skills to deliver services. All staff are required understand their position description and relevant policies and procedures, and any changes are communicated to staff. The organisation has an agreement with a local registered training organisation and there are regular groups of students doing their placement at the service.

Management monitor staff compliance with nursing registrations and police certificates. Management and staff have access to a range of education to support them in their relevant positions. Staff are required to complete a suite of online mandatory topics each year.

Management discussed processes to monitor staff performance which include observations and feedback from stakeholders. All staff are required to participate in an annual performance review. Staff spoke positively of the organisation and this was consistent with the results of the last staff survey. Many staff have worked at the service for a number of years and the management team has remained consist.

#### 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:

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

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that the organisation has met all five requirements under Standard 8.

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

Randomly sampled consumer experience interviews show that 88% of consumers agreed that this place is well run and that 82% agreed they have a say in their day to day activities. Consumers explained in interviews how they attend meetings and can provide feedback to the service, however some consumers and representatives expressed dissatisfaction about level of consultation in individual care planning.

Management explained how they encourage and involve consumers in the design, delivery and evaluation of care and services. This includes engagement during entry, meetings, feedback processes, monthly care review consultations and a survey.

The organisation comprises of two services under the sole ownership of the managing director. As such the organisation does not have a board of governors, but rather a small team of senior managers to support the managing director implement her vision for the organisation. The organisation’s vision, mission and values statements are communicated to consumers, staff and other stakeholders. The leadership, management and monthly compliance meetings provide a governance framework for the organisation. Set compliance meeting agendas cover reporting on key governance indicators including high impact high prevalence risks, potential abuse, use of antibiotics, and physical restraint. Management have structures in place to promote and manage open disclosure.

The service has an active plan for continuous improvement, structured processes for financial and workforce governance and systems to ensure relevant regulatory matters are identified and met. New information systems are in the process of being implemented in the area of human resource and education. Paper-based lifestyle documentation is not currently integrated with the electronic care documentation and care staff are not always aware of lifestyle care plans. Management acknowledge the benefits of integrating all care documentation.

#### 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.