Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Burton |
| **RACS ID:** | 6213 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:** | 367-379 Waterloo Corner Road BURTON SA 5110 |
| **Date of site audit:** | 28 August 2019 to 30 August 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 03 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:** | 28 November 2019 to 28 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 | | Not Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Not Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Not Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Not 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) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Not Met |
| **Timetable for making improvements:** | By 02 February 2020 | |
| **Revised plan for continuous improvement due:** | By 18 October 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 Estia Health Burton (the Service) conducted from 28 August 2019 to 30 August 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 and representatives | 24 |
| Management | 1 |
| Clinical staff | 5 |
| Care staff | 10 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| Allied health professionals | 1 |
| Quality consultant | 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.

#### Summary of Assessment of Standard 1:

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

One hundred % of consumers and representatives interviewed said they are treated with dignity and respect most of the time or always. The consumers and representatives described how staff do this and also provided examples of how staff value their identify, culture and diversity. Staff were observed treating consumers with dignity and respect and demonstrated an understanding of consumer’s individual preferences, culture and what they liked to do.

Consumers interviewed confirmed services are delivered in a manner which demonstrates the service is inclusive and supports individual cultural diversity. One hundred % of consumers and representatives sampled confirmed consumers are encouraged to do as much as possible for themselves most of the time or always. Staff interviewed described how they provide individual care to consumers enabling the consumer to exercise choice. The organisation demonstrated that each consumer is supported to exercise choice, remain as independent as possible and take risks to enable them to live the best life they can.

The organisation provides each consumer or their representative information that is current, accurate and timely and the information is communicated clearly and in a way that enables the consumer to understand it. One hundred % of consumers and representatives sampled confirmed that staff explain things to them most of the time or always. Staff interviewed described ways they engage with consumers who are from non-English speaking backgrounds. Multi-lingual pamphlets are available to provide information to consumers and an interpreter can be arranged when required.

Each consumer’s privacy is respected, and personal information is kept confidential. Consumers interviewed confirmed staff respect their privacy and personal information is kept confidential. The organisation uses an electronic system with passcodes to access consumers information. Confidential information was observed to be kept locked and secure.

Three monthly or when required care plan reviews are conducted by qualified staff in consultation with the consumer or their representatives to ensure the consumer’s goal, care needs, and preferences remain current and safe. Care plans and assessments are updated to reflect any changes. The organisation monitors and reviews their performance through audits, consumer surveys, feedback and consultations with the consumers or their representative.

#### 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 all requirements in relation to Standard 2 were met.

One hundred % of consumers and representatives randomly sampled confirmed that consumers have a say in their daily activities most of the time or always. The organisation has processes for monitoring and reviewing risks to the consumer’s health and well-being, which inform the delivery of safe care and services. Risk assessments are conducted three monthly or when required to ensure consumers remain safe and optimising health and well-being. A designated area is located within the facility for consumers who wish to smoke. Staff interviewed described their role in assessments and care planning including working with the medical officer, allied health professionals and external services as well as consultation with the consumer or their representative.

Consumers interviewed gave feedback regarding assessment and planning by the service identifying and addressing their current needs, goals and preferences, including advanced care planning and end of life planning. Assessments and planning are conducted on entry to the service and on a regular basis or when circumstances change by qualified. Care plan schedules ensure care plans are regularly reviewed and is based on ongoing partnership with the consumer or their representatives and others that the consumer wishes to involve including external services that are involved in the care of the consumer. Policies and procedures guide staff on the assessment and care planning.

The organisation monitors and reviews their performance through audits, consumer surveys, feedback and consultations with the consumers or their representative. When an improvement is identified it is informed into the service’s continuous improvement process.

#### 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that five of seven requirements in relation to Standard 3 were met.

The organisation demonstrated that care delivered is generally best practice, is tailored to the needs of consumers and aims to optimise their health and well-being. Although the organisation demonstrated they understand high impact or high prevalence risks associated with the care of each consumer, monitoring processes have not been effective in identifying one consumer’s behaviour strategies were not effective in managing the consumer’s yelling and noises which has triggered other consumers’ physical aggressive towards this consumer. These unmanaged behaviours of this consumer has put them and other consumers at risk of physical harm due to ongoing physical altercations.

One hundred % of consumers and representatives randomly sampled confirmed consumers feel safe at the home and get the care they need most of the time or always. These consumers and representatives described how staff do this and also provided examples of how staff meet their personal care needs in a manner which is safe and tailored to their needs and for most consumers optimises their health and well-being.

The organisation demonstrated that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Observations showed staff demonstrating compassion, ensuring privacy was provided to a consumer and their family who was receiving palliative care. Medical officers and external services are involved when required for consumer nearing their end of life to maximise comfort at the service.

Consumers interviewed said they are confident if they are unwell, staff will look after them and attend to their care needs as per their preference. When a deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised, it is responded to in a timely manner. Staff interviewed confirmed when they noticed a decline in a consumer’s health status, they liaise with the medical officer, allied health professionals and referrals to external services such as dietitian, speech pathologist and other organisations and providers of other care and services.

Information about consumer’s condition, needs and preferences is documented in care plans and handover process which is communicated within the organisation and with others where responsibility for care is shared. Staff interviewed confirmed they use handover information and care plans to provide safe care and optimise consumers health and well-being. Staff described education and training they receive relevant to their roles and said they can request further education if required. Policies and procedures guide staff on best practice to optimise clinical and personal care.

Although the organisation demonstrated the minimisation of infections related risks through implementing standard and transmission based prevent and control infection, the organisation did not demonstrate appropriate antibiotic prescribing usage to reduce the risk of increasing resistance to antibiotics. The organisation did not have a process in place to reduce the risk of increasing resistance to antibiotics usage.

The organisation monitors and reviews their performance through scheduled audits, incident reports and data analysis, improvements inform the service’s continuous improvement process.

#### 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) Not Met

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

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) 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) Not Met

The organisation demonstrates minimisation of infection related risks through implementing:

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of seven requirements in relation to Standard 4 were met.

The majority of consumers interviewed said they are satisfied with the services they receive. They gave examples including their physical and emotional care and said the hospitality services provided meet their needs and help them to maintain their quality of life. One hundred % of consumers randomly sampled said they like the food most of the time or always. However, one consumer said they do not receive support to access religious services appropriate to their spiritual needs despite raising this with the organisation. Three other consumers were identified by staff as known by the service as not having their spiritual needs met.

The organisation demonstrated that it makes timely referrals to other organisations, assists consumers to have social and personal relationships and works in partnership with consumers and their representatives to meet consumers needs, goals and preferences. The organisation demonstrated systems and strategies implemented which assist consumers to optimise their independence. One hundred % of consumers randomly sampled said most of the time or always they are encouraged to do as much as possible for themselves. The organisation demonstrated that it consults consumers with regard to activities of interest to them within the service and information about each consumers’ needs, preferences and condition is communicated effectively and appropriately within and outside the organisation. The organisation demonstrated it provides meals of suitability quality and variety which are prepared fresh on site seven days per week.

The Assessment Team observed that they organisation provides furniture, fixtures and fittings which are well maintained and appropriate to the needs of the consumers.

#### 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:

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 Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three of the requirements in relation to this Standard.

The service was observed to provide a welcoming environment which is safe, comfortable and promotes the consumers independence. Consumers can decorate their rooms with personal items including furniture and photographs. The service is maintained in a clean and serviceable condition and provides suitable furniture, fittings and signage to assist consumers in navigating the service. Outdoor areas are provided with covered and uncovered seating areas. Gardens are maintained with cleared paths to assist in free movement.

Consumers interviewed said the service is well maintained and they have access to a range of equipment which assists them to feel safe. One hundred % of consumers randomly sampled said they feel safe most of the time or always. Consumers said they are able to provide regular feedback with regard to the service environment and said they have access to quiet areas to meet with family and friends and are encouraged to use all areas of the service. Ninety-three % of consumers said they feel at home most of the time or always. One consumer said they feel at home some of the time as the rest of the time it is like living in a hotel.

Staff interviewed described strategies for maintaining a safe environment and for ensuring the environment is as home-like as possible. Policies and procedures are implemented to support purchasing, servicing of equipment, and the maintenance of furnishings. Environmental risks are identified and appropriately managed. Where external contractors are used there are systems to ensure the quality of services delivers meets organisational requirements. Cleaning procedures incorporate scheduled cleaning of all aspects of the living environment including furniture, carpets and curtains.

#### 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:

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 the organisation met all four of the requirements in relation to this Standard.

Consumers interviewed said they are aware of feedback systems available to them and are encouraged by the service to utilise them to raise concerns and make suggestions for improvements to the services provided. One hundred % of consumers randomly sampled said staff follow things up when they raise things with them some of the time or always. Consumers gave examples of concerns raised which had been appropriately managed by the organisation and said they have access to advocates, language services and other methods for raising and resolving complaints.

The organisation demonstrated action is taken in response to complaints received from consumers and their representatives and that an open disclosure process is used when things go wrong. Staff interviewed described what they are required to do when they receive verbal feedback or complaints from consumers or their representatives and receive training in the organisations’ complaints resolution processes.

Feedback received is reviewed, reported and analysed and the results used by the organisation to inform its continuous improvement systems 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 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 the organisation met all five of the requirements in relation to this Standard.

Consumers interviewed said the staff are kind, caring and respectful of their identity, culture and diversity. They said staff are responsive to their needs and demonstrate appropriate skills, knowledge and understanding in their dealings with consumers. One hundred % of consumers randomly sampled said they get the care they need, staff know what they are doing and staff are kind and caring most of the time or always.

The organisation demonstrated they monitor staff practice ensuring interactions between staff and consumers are kind, caring and respectful and that consumers’ identity, culture and diversity is valued. Events of cultural significance to consumers are celebrated by the service and specific strategies implemented to assist consumers to maintain their cultural identity. Staff with appropriate language skills to communicate with non-English speaking consumers are employed where possible and tools to enable communication with non-English speaking and non-verbal consumers used where appropriate.

The organisation demonstrated the workforce is recruited, trained and equipped to undertake the roles they are engaged to fill. New staff undergo orientation on commencement and support is provided through buddy shifts and engagement with management to assist them to understand their roles. The organisation demonstrated the mix of staff is planned to enable safe and quality care and services and that rosters are regularly reviewed to ensure consumers needs are met. Annual performance reviews are conducted for all staff and a performance management system is implemented where required.

Appropriate staff are available to support consumers engage in activities seven days per week and to assist consumers with meals where necessary. Short term and scheduled leave are covered by the organisations staff where possible and agency staff otherwise. The organisation demonstrated staff have appropriate skills and knowledge and competency assessment is undertaken on a regular basis to monitor the ongoing adequacy of skills, including specialised nursing skills. Staff interviewed said they receive training in accordance with their needs and can request additional training if they need it. Monitoring processes ensure staff attend mandatory education where required.

#### 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that four of five requirements in relation to Standard 8 were met.

Although the organisation demonstrated they have organisation wide systems to support the delivery of clinical care, they did not demonstrate that where clinical care is provided that the clinical governance framework addresses anti-microbial stewardship. The organisation also did not demonstrate their understanding, application, monitoring or review of this requirement with regard to the use of physical restraint.

The organisation did not demonstrate that it has policies and procedures that support the minimisation of the use of anti-biotics or practices which support the reduction of anti-biotic resistance. Management and staff were not aware of organisational systems to direct this. The organisation did not demonstrate that the use of physical restraint is compliant with relevant legislation, alternatives to the use of restraint are not recorded and informed consent is not obtained prior to the implementation of the restraint. Monitoring and review systems have not identified these issues.

The organisation demonstrated consumers are involved in the design, delivery and evaluation of care and services. Consumers interviewed said they are involved in their care-planning and provide input into the delivery and evaluation of services and gave examples of how this occurs.

Documentation viewed by the Assessment Team demonstrates the governing body sets clear expectations for the organisation and meets regularly to review risks from an organisational and consumers’ perspective. The organisation has governance systems which support effective information management, generally support compliance with regulatory requirements, support the workforce and address open disclosure. One hundred % of consumers said the place is well run most of the time or always. Staff interviewed are aware of the governance framework and could explain lines of reporting and delegations of financial and decision-making responsibility.

#### 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) Not 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.