Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Flagstaff Hill |
| **RACS ID:** | 6191 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:**  | 40 Skyline Drive FLAGSTAFF HILL SA 5159 |
| **Date of site audit:** | 30 July 2019 to 01 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 03 September 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 11 October 2019 to 11 October 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 | 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  |
| **Timetable for making improvements:** | By 04 November 2019  |
| **Revised plan for continuous improvement due:** | By 18 September 2019  |

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

Site Audit Performance
Assessment Report

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

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

## Introduction

**This is the report of an assessment of Estia Health Flagstaff Hill (the Service) conducted from 30 July 2019 to 01 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 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** |
| --- | --- |
| Corporate management and quality staff | 3 |
| Consumers and representatives | 24 |
| Executive director | 1 |
| Corporate property manager and maintenance staff | 2 |
| Care director, clinical and care staff | 11 |
| Lifestyle co-ordinator and staff | 3 |
| Chef, laundry and hospitality staff | 5 |
| Administration staff | 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:

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:

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

#### Summary of Assessment of Standard 1:

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

The consumer experience interviews show that all consumers agreed staff treat them with respect always or most of the time. All other consumers interviewed also agreed they were treated with respect. The service uses regular consumer surveys and anonymous feedback and complaints mechanisms to ensure consumers are satisfied 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 service actively 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 service. The service promotes the value of culture and diversity through staff training, in the wide range of activities if offers for consumers with diverse backgrounds and preferences and in delivery of care tailored to each person.

Staff provided meaningful examples of how they assist consumers to make choices and respond to questions on the new assessment form to cover options to inform their choice. Consumers said they feel heard and when they tell staff what matters to them they are assisted to make decisions about their life, even when it involves an element of risk.

Consumers said the organisation protects the privacy and confidentiality of their information, and they are satisfied 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. Staff 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, such as requesting same sex carers for personal care. The organisation demonstrated how electronic and filing systems support the protection of confidential information including information, consistent with documented polices ad procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of the five requirements under Standard 2 were met.

Of the consumers and representatives randomly interviewed for the consumer experience report, 100% said they have a say in their daily activities either most of the time or always. Consumers said their direct engagement in the initial and ongoing assessment and planning of their care helps them get the care and services they need. Consumers said they are consulted regarding their daily activity schedule. Clinical staff said all consumers are assessed by a registered nurse on admission.

Consumers and representatives confirmed nursing staff contact them at least three-monthly as part of the holistic care plan review and as required.

Staff could describe how consumers and others who contribute to the consumer’s care, including medical practitioners, allied health professionals, carers and family, work together to deliver tailored care plan which is monitored and reviewed as needed.

The Assessment Team was not satisfied assessment and planning identifies and addresses the consumer’s current needs, goals and preferences in relation to nutrition and hydration needs following weight loss and assessment of behaviours of concern for respite consumers. This was evidenced by management not being aware one consumer was losing weight over five months and appropriate assessments to assess the consumer’s nutritional and hydration needs as outlined by the service’s documented process was not followed. In relation to a consumer’s behaviours of concern not being identified and assessed when on respite, this is evidenced by the lack of behaviour assessments completed and management being unaware the consumer had wandering behaviours despite care staff reporting to the Assessment Team that the consumer wanders throughout the service and this has been ongoing since entering the service.

#### Requirements:

##### Standard 2 Requirement (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 (b) Not 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 (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. (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 (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 (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:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found six of the seven requirements under Standard 3 were met.

Of consumers randomly sampled, 93% of responses were most of the time or always to the consumer experience interview ‘Do you get the care you need’. One consumer responded ‘some of the time’ and said staff sometimes do not use moisturiser when providing personal care and their skin is very dry. All consumers interviewed as part of the consumer experience report interview said they felt safe most of the time or always.

The service utilises a multi-disciplinary approach to providing care and services to optimise the health and well-being of consumers. Staff were able to describe strategies for consumers with behaviours of concern who have been admitted as permanent consumers at the service.

Staff said they are informed verbally, via handover or through written documentation, such as progress notes and the consumer’s care plan, regarding a consumer’s care needs and preferences. Management said the service has an internal casual staffing pool within the organisation to fill vacant shifts. These staff are used in preference to agency staff as they know the organisation’s processes.

The Assessment Team was not satisfied the service demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer. This was evidenced by one consumer not having their nutrition and hydration needs re-assessed despite losing weight over five months and a referral to medical officer and/or dietician was not completed as outlined in the organisation’s documented process for nutrition and hydration management. Despite staff completing the consumer’s holistic care plan review, staff at the service did not identify the consumer was losing weight and a care plan to manage the consumer’s weight loss was not developed. The service has documented procedures for weight loss management; however, this procedure was not followed and a new care plan was not developed. In addition, another consumer who was on respite, did not have their behaviours of concern assessed and care plan developed to manage the consumer’s wandering behaviour despite care staff reporting to the Assessment Team that the consumer wanders throughout the service and this has been ongoing since entering the service.

#### Requirements:

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met all three of the requirements in relation to for Standard 4.

Consumers interviewed said they are satisfied with the services they receive, especially in relation to their physical care and the food at the service. Consumers said they can express any concerns they may have at Resident meetings or at Food Focus Group meetings and these are considered and responded to by management. If possible, changes are made to the menu. Consumers said they are satisfied with the cleaning and laundry services provided by staff.

Consumers said they are encouraged to be as independent as possible and can participate in activities both within the service and outside. Consumers have a say in their day to day activities and their choices are respected by staff and management. Staff said they respect each consumer’s choice and encourage consumers to attend activities of their choosing. The service provided examples of the emotional, spiritual and psychological support provided to consumers, including the involvement of volunteers and one-to-one activities. The service provides weekly church services. New consumers are welcomed to the service by lifestyle staff who provide them with a tour and introduce them to other consumers.

Staff said they are provided with information about changes in consumer’s care needs. This occurs through handover processes or verbal communication. Agency staff are provided with an orientation to the service’s systems and processes. Management described the processes for referring consumers to external allied health professionals and other organisations should there be a need to do so. Documentation confirmed these referrals occur.

Staff confirmed there is sufficient supplies and equipment to provide personal and clinical care. Preventative maintenance is undertaken by either maintenance staff or external contractors to ensure all equipment is clean and safe to use.

#### Requirements:

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

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

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items. The rooms, which are all single rooms with ensuites, were clean and well maintained. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to guide them. Consumers have access to clean and tidy outdoor areas, with communal tables and chairs.

Consumers said they are satisfied with their room and the overall environment of the service and enjoy the views from the windows which look out onto well maintained gardens and courtyard areas. Each area has a lounge area and there are quiet areas for consumers to meet with family and friends. Communal dining areas are available throughout the service. The service also has a café which is used by consumers and family members.

Cleaning of consumer’s rooms and public areas is undertaken daily and according to a schedule. The service launders both linen and consumer clothing. Consumers said they are satisfied with both the cleaning and laundry services provided.

Preventative maintenance and unplanned maintenance ensure the service is well maintained and staff can report any maintenance issues through a paper-based system which is checked daily by maintenance staff. Staff said repairs or arrangements for repairs are organised by maintenance staff in a timely manner. Electrical items are tested and tagged annually, and fire safety is monitored by an external contractor.

#### Requirements:

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met all requirement in relation to Standard 6.

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

The organisation has processes in place to responded to complaints and an open disclosure process is used when things go wrong. Consumer provided examples of complaints that have been resolved. Staff could explain what they are required to do when feedback or complaints are made.

Feedback and complaints are reviewed and used to improve the quality of care. The organisation provided a complaints log and demonstrated how complaints were reviewed by the quality committee and used to improve the quality of care and services for consumers at the service and across the organisation.

#### Requirements:

##### Standard 6 Requirement (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 (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 (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 (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:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met all requirements in relation to Standard 7.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them, including in relation to events of cultural significance, specific care and relationship needs and availability of staff speaking other languages. Interactions by consumers, representatives and staff were observed to be kind, caring and respectful.

The organisation demonstrated staff are recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Consumers are encouraged to provide feedback regarding staff satisfaction. New staff are satisfied with orientation and support provided. Performance appraisals occur as part of probation monitoring and recruitment is ongoing.

The organisation was able to demonstrate the number and mix of staff of the service is planned to enable safe and quality care and services. Consumers said staff were there to assist them when they need it. Staff said they had enough time to complete their duties. Staff and call bell observations are carried out by management and allocation of staff discussed with clinical staff to ensure they meet consumers’ needs. All shifts for the last four weeks were filled and agency use is very low as the organisation has a staff management system which contacts all casual staff throughout the organisation when the need occurs.

The organisation said the workforce is competent, and staff have the qualifications and knowledge to effectively perform their roles. All consumers interviewed stated staff know what they are doing. Staff said they undertake annual performance appraisals and are supported to participate in extra training for professional development. Mandatory and targeted training is undertaken by staff and attendance and feedback monitored. Annual staff satisfaction surveys are undertaken.

#### Requirements:

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

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

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated all requirements in relation to Standard 8 were met.

The organisation demonstrated they involve consumers in the delivery and evaluation of care and services and provided examples of how consumers are involved. The organisation will be more involved in the next few weeks in the co-design of services and engaged on a day to day basis. Consumers said they are involved in discussions regarding their care and services through participation in Resident meetings which have had agenda items to discuss the changes to the Aged Care Standards and how much they want to be involved in their care. Lifestyle programs are co-designed and food focus groups work with the chef. Consumer surveys occur regularly.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses anti-microbial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The service has no physical restraints currently in use. Management said alternative strategies are always used and staff undertake training to minimise their use.

#### Requirements:

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

The organisation demonstrates that 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 (d) Met

The organisation demonstrates that 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 (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