Accreditation Decision

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Mount Coolum |
| **RACS ID:** | 5302 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:**  | 15 Suncoast Beach Drive MOUNT COOLUM QLD 4573 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| **Decision made on:** | 21 November 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:** | 23 December 2019 to 23 December 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 |
| **Timetable for making improvements:** | N/A |
| **Revised plan for continuous improvement due:** | N/A |

**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 Mount Coolum (the Service) conducted from 29 October 2019 to 31 October 2019.**

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

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

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 18 |
| Representatives | 4 |
| Administration officer | 1 |
| Care staff | 8 |
| Clinical care coordinator | 1 |
| Clinical director | 1 |
| Executive director | 2 |
| Hospitality development manager | 1 |
| Hospitality staff | 7 |
| Lifestyle coordinator | 1 |
| Lifestyle staff | 1 |
| Maintenance officer | 1 |
| Operations advisor | 1 |
| Quality business partner | 1 |
| Regional manager | 1 |
| Registered staff | 3 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

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

#### Organisation statement:

2. The organisation:

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

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

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said staff treat consumers with respect most of the time or always.
* All respondents said staff explain things to them most of the time or always.
* A high proportion of respondents (93%) said consumers are encouraged to do as much as possible for themselves most of the time or always. One consumer said they are encouraged to be independent some of their time as their current condition means they are dependent on staff for all cares and can do very little for themselves.

The service uses informal and formal feedback mechanisms such as meetings, complaints processes and case conferences to ensure that consumers are satisfied that staff treat them with respect, support them to maintain their identity and live the life they choose.

The service demonstrated that consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and provided examples of consumers’ 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 and in the range of activities it offers consumers. Consumer preferences are respected and incorporated into care delivery.

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

Consumers said the organisation protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. The service demonstrated how electronic and hard copy information systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

#### Requirements:

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

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

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

The organisation demonstrates that care and services are culturally safe.

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

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

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

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

(iii) communicate their decisions; and

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said consumers get the care they need most of the time or always
* All respondents said consumers have a say in their daily activities most of the time or always.

Consumers and representatives said they are engaged in initial and ongoing assessment and planning to help consumers receive the care and services they need. Consumers reported feeling safe and confident that staff are aware of their individual preferences. The service has processes for ensuring they ascertain consumers’ end of life wishes. The service consults with specialists and allied health professionals to ensure consumers receive the appropriate care and services to suit their needs.

Staff provided examples of consultation that occurs between the consumers, their representatives, medical officers and other health professionals to contribute to personalised care and services. Review of documentation demonstrated consumers’ care is regularly reviewed and changes are made according to their assessed needs and preferences. Consumers and representative are consulted about their ongoing care, or changed care needs which may entail further assessment and/or review by other health professionals, and this includes case conferences held with the consumers, their representatives and the medical officer where necessary. Care plans reflected consumers’ current needs and consumers were aware of the care and services they receive.

#### Requirements:

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said consumers get the care they need most of the time or always.
* All respondents said consumers feel safe most of the time or always.

Consumers reported the service meets their healthcare needs and gave various examples of how staff provide care that is right for them. This included regularly asking them about their care and by referring them to other providers when required.

Staff could describe the care they provide to individual consumers and demonstrated an understanding of the needs of consumers nearing the end of their life. Staff recognise, monitor, responds and escalates changes or deterioration in consumers’ health in a timely manner. Staff could identify the highest prevalence risks for consumers and how they manage risks and maintain consumer safety. Staff demonstrated how incidents were used to inform changes in practice. Staff confirmed they are provided with training and demonstrated an understanding of infection control practices.

The service demonstrates information is shared within the organisation and with others outside the organisation and that there are policies and procedures underpinning the delivery of care, which are reviewed regularly.

#### Requirements:

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

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

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* A high proportion of respondents (93%) said consumers are encouraged to do as much as possible for themselves most of the time or always. One consumer said they are encouraged to be independent some of their time as their current condition means they are dependent on staff for all cares and can do very little for themselves.
* A high proportion of respondents (88%) said consumers like the food most of the time or always. Two consumers said they like the food some of the time explaining that either find the meals monotonous and overcooked and not consistent with the menu.

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

The service demonstrated that it makes timely referrals to other organisations and information regarding consumers’ condition, needs and preferences is communicated in a timely and appropriate way. Staff gave meaningful examples of how information about consumers is collected and shared and demonstrated their knowledge of consumer’s individual needs and preferences in relation to activities, pastimes, food and independence.

The service demonstrated consumers and staff are supported by equipment, which is safe, suitable, clean and well maintained by staff at the service and external contractors. Management could demonstrate the services and support for daily living provided at the service are monitored and reviewed, and improvements are made where needed.

#### Requirements:

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

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

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

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

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

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

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

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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

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

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

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

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

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

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

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said consumers feel safe at the service.
* A high proportion of respondents (87%) said consumers feel at home at the service most of the time or always. One consumer said they feel at home some of the time as they would prefer to be at home and another consumer said they never feel at home explaining it is too different to their life at home.

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

Consumers said:

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

Policies and procedures outline systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers are identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements. Management confirmed that the service environment is reviewed regularly through meetings and audits and discussed with theBoardwhere any emerging risk or maintenance issues are identified.

#### Requirements:

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

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

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

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

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

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

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said staff follow up when they raise things with them most of the time or always.

Consumers and representatives reported they are aware of complaints and feedback avenues available to them and they feel comfortable to access them if needed. Where feedback has been provided representatives advised of satisfaction with the process of addressing their concern and with open disclosure.

Staff demonstrated knowledge of how to enable consumers and representatives to access feedback processes and advocacy services as needed. They also demonstrated how verbal feedback is communicated so that management can address it.

Management demonstrated that all feedback received is responded to verbally or in writing and actions taken are reviewed to ensure the complainant’s satisfaction. Complaints are escalated to Board as per the service’s policy including following an open disclosure process as appropriate. Feedback and complaints are reviewed by management and result in continuous improvement activities.

#### Requirements:

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

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

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

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

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

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

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

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

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said staff are kind and caring most of the time or always.
* All respondents said staff know what they are doing most of the time or always.

Consumers and representatives generally said there are sufficient staff to meet consumers’ needs and requests for assistance. They find staff professional and knowledgeable about consumer’s individual needs and preferences. Consumers and representatives gave examples of how staff demonstrate kindness and caring and show respect for consumers’ individual needs.

The service demonstrated that processes ensure the workforce is planned to ensure appropriate numbers and skill mix of staff to ensure the delivery and management of safe and quality care services. Temporary staff are used to ensure staff numbers are maintained at all times. Police certificate and registration requirements are monitored and reviewed regularly. Education is provided to meet mandatory requirements as well as service needs. Recruitment processes ensure new staff are selected according to criteria. Induction and orientation provide new staff with information in relation to the organisation and the service, including expectations of conduct and regulatory requirements. Buddy shifts are provided to ensure new staff are familiar with service routines and individual consumer needs and preferences.

Staff demonstrated skills and knowledge required of their roles. They were familiar with individual consumer’s needs and preferences and daily routines. Staff expressed satisfaction with the range of education opportunities at the service and with their access to supervision and support when required.

Staff performance is monitored via observation of practice and feedback from staff and consumers. Formal appraisal processes are in place and any performance concerns are addressed as required.

A recent roster review has been conducted and changes are planned to occur in coming months. Planned changes are aimed at recruiting more regular staff to reduce use of agency staff and to provide increased care staff hours in areas of increasing care needs.

#### 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.

### Standard 8: Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met all requirements under this standard.

Sixteen randomly selected consumers/representatives were invited to complete a consumer experience interview. Results show that;

* All respondents said the service is well run most of the time or always.

The organisation demonstrated that they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are engaged and consulted in the planning of changes as well as on a day to day basis. Consumer’s representatives confirmed they are involved in care planning and delivery and provided examples of how this occurs.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. A new Board is in place and a five-year strategic plan has been launched and communicated to stakeholders. A new executive management structure has been introduced with positions appointed to and clear communication lines to the Chief executive officer and the Board. Committees such as a clinical governance committee and a risk committee are being established to provide further advice and support to the Board.

There are organisational governance systems to support effective information management, the workforce, compliance and regulation, complaints management and open disclosure and clinical care. The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### 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 that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

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

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

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

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure